DOCUMENT RESUME

ED 129 034 EC 091 334

AUTHOR	Harrison, Susan B.; Johnson, Merrill
TITLE	Establishing Services for the Severely Handicapped in Public Schools.
INSTITUTION	Southwest Regional Resource Center, Salt Lake City, Utah.
SPONS AGENCY	Bureau of Education for the Handicapped (DHEW/OE), Washington, D.C.
PUB DATE	76
CONTRACT	OEC-0-74-7893
NOTE	276p.
EDRS PRICE	MF-$0.83 HC-$15.39 Plus Postage.
DESCRIPTORS	Architectural Barriers; Curriculum Guides; Definitions; Delivery Systems; Educational Objectives; Exceptional Child Education; Handicapped Children; Individualized Instruction; Individualized Programs; Manuals; *Needs Assessment; Normalization (Handicapped); Parent School Relationship; Program Administration; Program Budgeting; *Program Guides; *Program Planning; Public Schools; *Regular Class Placement; Resource Guides; *Severely Handicapped; Staff Utilization; *Task Analysis

ABSTRACT

Provided is a manual compiled by the Southwest Regional Resource Center identifying and articulating the process steps required to establish services for severely handicapped children in a public school setting. Offered are seven planning elements (population baseline, appraisal resources, schools and physical facility resources, transportation, financial resources, staff resources, and community service resources); nine implementation elements (utilization and application of appraisal, student placement match, structure of instruction, staff utilization and implementation, instructional program methodology, program curricula, adaptation of facilities and equipment, parents, and evaluation); and three augmentation elements (distention, extension, and expansion). Each element is presented through the following format: the element is defined and delimited, the rationale for inclusion is stated, the component points are identified, the outcomes of the activities of the element are specified, a task analysis (the major portion of the element) is outlined, an inventory is provided in order to assess needs, and a bibliography of pertinent documents is included. Most elements also include supplementary material such as definitions of terms, forms, charts, case studies, and formats for workshops. (IM)

Documents acquired by ERIC include many informal unpublished materials not available from other sources. ERIC makes every effort to obtain the best copy available. Nevertheless, items of marginal reproducibility are often encountered and this affects the quality of the microfiche and hardcopy reproductions ERIC makes available via the ERIC Document Reproduction Service (EDRS). EDRS is not responsible for the quality of the original document. Reproductions supplied by EDRS are the best that can be made from the original.

ED129034

ESTABLISHING SERVICES FOR THE SEVERELY HANDICAPPED IN PUBLIC SCHOOLS

U.S. DEPARTMENT OF HEALTH,
EDUCATION & WELFARE
NATIONAL INSTITUTE OF
EDUCATION

THIS DOCUMENT HAS BEEN REPRODUCED EXACTLY AS RECEIVED FROM THE PERSON OR ORGANIZATION ORIGINATING IT. POINTS OF VIEW OR OPINIONS STATED DO NOT NECESSARILY REPRESENT OFFICIAL NATIONAL INSTITUTE OF EDUCATION POSITION OR POLICY

Susan B. Harrison
Merrill Johnson
Edited by Jean Moore
Illustrated by Ilene McKenna

SOUTHWEST REGIONAL RESOURCE CENTER

University of Utah
Department of Special Education
Salt Lake City, Utah 84112

1976

Department of Health, Education and Welfare
U.S. Office of Education
Bureau of Education for the Handicapped

EC091334

OE Contract No. OEC-0-74-7893

The work reported herein was performed pursuant to a contract with the Office of Education, U. S. Department of Health, Education and Welfare. Contractors undertaking such projects under Government sponsorship are encouraged to express freely their professional judgment in the conduct of the project. Points of view or opinions stated do not, therefore, necessarily represent Office of Education position or policy.

U. S. Department
of Health, Education and Welfare
Office of Education
Bureau of Education for the Handicapped

PREFACE

One of the critical issues facing education is the integration of severely handicapped persons into the public school system. The drama surrounding the surfacing of this issue has been climaxed by the civil rights movement, recent federal legislation and the emphasis on serving handicapped children in the least restrictive environment. A continuing problem in this integration is the development of relevant educational programs based on individual needs as opposed to traditional day care approaches.

In an effort to address this issue the Southwest Regional Resource Center (SRRC) placed two special education specialists in a newly established public school facility for severely handicapped children. The specialists were to identify the essential process steps required to establish services for the severely handicapped in a public school setting. This document is the result of these efforts.

The identified process steps were visualized by one of the specialists, Susan Harrison, as several acts of a play; the plot being the total drama of establishing services in the public school system for a group heretofore neglected by public education. This drama unfolds into a denouement or final outcome of public school placement and appropriate programming for severely handicapped persons.

The part of these two educators, Susan Harrison and Merrill Johnson, the editor Jean Moore, the illustrator Ilene McKenna, and the many other persons who have given of their expertise in an effort to share with other educators the identified process steps is deeply appreciated by the SRRC, and is now offered for use in education's continuing effort to better and more appropriately serve handicapped students.

Judy Ann Buffmire

Table of Contents

Section I - Introduction 1

Section II - Program Elements 7

Element 1: Population Baseline 9
Element 2: Appraisal Resources 17
Element 3: Schools and Physical Facility Resources 27
Element 4: Transportation 33
Element 5: Financial Resources 41
Element 6: Staff Resources 47
Element 7: Community Service Resources 53
Element 8: Utilization and Application of Appraisal 69
Element 9: Student Placement Match 101
Element 10: Structure of Instruction 115
Element 11: Staff Utilization and Implementation . 129
Element 12: Instructional Program Methodology . . . 137
Element 13: Program Curricula 171
Element 14: Adaptation of Facilities and Equipment 185
Element 15: Parents 191
Element 16: Evaluation 207
Element 17: Distention 215
Element 18: Extension 233
Element 19: Expansion 245

Section III - Conclusion 279

Section I

Introduction

SECTION I

Background

When the Southwest Regional Resource Center (SRRC) placed two educational diagnosticians in Hartvigsen School, Granite District, in metropolitan Salt Lake City, the two specialists were to fill several roles. First, the legislation that established Regional Resource Centers foresaw each center as providing diagnostic and programming services for handicapped children in the region when their handicapping conditions were "of a rare or inexplicable nature," and when they were unable to receive such services in their own state. The agreement between the SRRC and the Hartvigsen School permitted the center to diagnose and program any such referred children at the school, as well as provide appraisal and programming services for the children in daily attendance.

Secondly, the two diagnosticians had worked for the SRRC the previous year as resource persons for generalists in Utah (generalists are certified special educators and serve children from more than one handicap category usually in a resource room.) Because the two were experienced in providing backup support to other adults, their role at Hartvigsen was also to provide both formal and on-the-spot inservice to the 46 teachers and aides at the school as needed.

Their third charge--the one which led to this manual-- was to identify the process steps necesssary to establish educational services in a public school for the severely handicapped. This report articulates these steps in an effort to facilitate others in establishing public school programs for the severely handicapped.

Section II contains nineteen separate elements identified as separate steps that should be addressed in planning for, implementing, and expanding an educational program for the severely handicapped. The contents are based upon the two diagnosticians' experiences as special educators, as resource people to other adults, as providers of general technical assistance to similar programs in Utah, site visits to exemplary programs across the country, and upon extensive reading, research and study by the SRRC staff.

How to Use This Manual

The nineteen elements addressed in Section II share a common format. Each element is defined and delimited. The rationale (consideration and justification) for inclusion of the elements is stated; the component points are identified. The outcomes of the activities of the element are specified. These outcome statements provide the framework for the task analyses which comprise the bulk of each element.

Between the listing of outcomes and the task analyses which lead to the outcomes, each element contains an inventory. The user who is establishing a program for the severely handicapped could copy the inventory from each element and assign different staff members to complete the inventories. If an inventory can be satisfactorily completed--which means adequate resources or plans already exist to provide the defined services--then no further work need be done on that element. If, however, the inventory reveals inadequacies, the task analyses that follow provide guidelines for the work needed to reach the outcome. A bibliography completes most elements.

The elements are divided into three classifications: the first seven describe planning activities that should precede the program; the next nine are implementation elements--those activities that must occur in a functioning program if students' needs are to be met; the last three elements speak to expanding and enhancing the basic program to assure dynamic growth. Section III briefly discusses the interrelationships of the elements.

Some of the activities outlined in the elements are administrative; others, involving direct service to handicapped students, will be implemented by teachers. Specific steps are outlined in each element. Some elements are developed more completely than others, but the basic approach is to provide enough information so that those establishing a program for the severely handicapped can move with confidence.

While the manual will provide the basic framework for establishing, improving or expanding a program for the severely handicapped, the user will want to elaborate in some areas. This manual, like others developed by the SRRC, is seen as providing a springboard for further development--a starting place for those who would create a unique program responsive to needs of a particular population in a particular place. It is hoped that the many examples, charts and suggested forms will provide the stimulus needed to optimize development of needed educational programs for potential students--for those who too often still await the chance to go to school.

Section II

Program Elements

A. Planning elements: the process steps that must receive attention before the formal program begins. (Elements 1 through 7.)

B. Implementation elements: the process steps that come into play when the students arrive and the educational program is underway. (Elements 8 through 16.)

C. Augmentation elements: some suggested process steps to expand and enhance the established program. (Elements 17 through 19.)

A. Planning

ELEMENT 1: POPULATION BASELINE

Element Definition: This element describes the identification of handicapped children in your service area: how you find these children, and how you describe them.

Consideration and Justification: According to Public Law 94-142, approximately one million handicapped children are still excluded from the public school systems.[1] Although a few states have had mandatory education for all children for several years, the precedent-setting legal decision in Pennsylvania which found the schools responsible for providing an education for all mentally retarded children--regardless of the severity of their handicap--has implications for all children who are excluded from public schools.[2] Since the Pennsylvania finding, many more states have expanded their legislative bases to include children who have been unserved.

The Bureau of Education for the Handicapped (BEH) has the goal of assuring an appropriate education for every handicapped child by 1980. This goal is reflected in the provisions of Public Law 94-142, which require states to amend their state plans if they wish to qualify for federal special education funds under this law. The amendment to the state plan must show the state has a policy that assures all handicapped children the right to a free, appropriate public education; that such a program will be available for handicapped children between the ages of three and eighteen no later than September 1, 1978, and for handicapped children between three and twenty-one no later than September 1, 1980--although there is some leeway with children under five and over eighteen in states where services are not provided to other children in these age ranges. The law also requires that if a state wishes to receive federal funds under this law, it must assure that:

---

[1] Public Law 94-142, Sec. 3(b)(4).

[2] Pennsylvania Association for Retarded Children v. Commonwealth of Pennsylvania, 334 F Supp. 1255 (E.D. Pa. 1971) and 334 F Supp. 279 (E.D. Pa. 1972).

> . . . all children residing in the State who are handicapped, regardless of the severity of their handicap, and who are in need of special education and related services are identified, located and evaluated, and that a practical method is developed and implemented to determine which children are currently receiving needed special education and related services. . .[3]

Identification of the handicapped school-aged population in your service area should be a timely activity that will help your district and state meet these new requirements.

Outcome: The identification of the handicapped population of the service area for funding, facilities, transportation, staffing and instructional considerations.

Components:

1. Location: A system for locating handicapped children and a method for locale distribution summation.

2. Description: A method for describing located children.

---

[3] Public Law 94-142, Sec. 612. The exact quote is from Sec. 612, (2) (C).

Element Inventory

1. What system is used in your service area to locate handicapped children?

2. When and how often does this system operate?

3. Who is responsible for gathering the data?

4. How are the handicapped children described in your locale?

_____ a. by handicap

_____ b. by severity of handicap

_____ c. by age

_____ d. by geographical location

_____ e. other:

Task Analysis

1. Research exemplary programs for locating handicapped children. (See references in Element Bibliography.)

2. Explore possible referral sources which may supply names of severely handicapped people who will be served by your program.

    a. Regional (interstate) diagnostic and resource centers.

    b. State agencies: education departments, health services, vocational rehabilitation, special committees, consumer organizations.

    c. Community/local services:

        1) medical centers

        2) day care centers

        3) churches.

    d. Special clinics or groups: high risk pregnancy clinics, parent groups (e.g., Association for Retarded Citizens); professional groups (e.g., Council for Exceptional Children).

3. Establish list of available sources.

4. Contact available resources by phone, letter, personal visit.

5. Establish other viable methods for locating handicapped children (e.g., Idaho's Child Find: see Element Bibliography).

6. Determine the age range of prospective students you will search for and identify. (Consider infants and children born from high risk pregnancies.)

7. Establish an identification form for use by those contacted who have located severely handicapped persons.

    a. Establish a place or person to whom identification information may be sent.

    b. Develop an identification form which may include:

        Name____________________ Date____________________

Date of Birth________________________________

Address______________________Phone____________

School district________________________________

Education history______________________________

Reason for exclusion from school______________

____

Possible handicapping condition_______________

____

Present services_______________________________

____

c. Write a cover letter stating the purpose of the program and describing the identification procedures.

d. Establish a policy of personal contact for verification following submission of identification information.

8. Establish criteria for describing students:

   a. by traditional labels (see Supplement 2:1 for an example of traditional labels and definitions)

   b. by age

   c. by abilities

   d. by needs

   e. on cultural or language basis.

9. Establish screening procedures.

   a. Determine screening instrument to use.

   b. Assemble and train appropriate personnel to do the screening.

   c. Establish procedure for processing the identification information.

    d. Obtain written parental permission to screen.

    e. Conduct screening.

    f. Evaluate screening results.

    g. Report evaluation information to parents.

    h. Determine further evaluation needs.

10. Establish criteria for determining whether identified person should be further evaluated. Also:

    a. Determine appropriate diagnostic or appraisal agency.

    b. Establish method for referring child for appraisal.

11. On a large map of your service area, pinpoint the location of identified children; color coding can be used to depict category, age, or other needed information.

12. Summarize the information from the map.

BIBLIOGRAPHY

ELEMENT 1: Population Baseline

Chappel, W. *Finding Kids with special needs.* (A computerized commercial system for identifying handicapped children ages 3-21.) Resource Management Systems, Inc. Carmel, Calif.: 1972.

Hobbs, N. (Ed.) *Issues in the classification of children.* San Francisco: Jossey-Bass, 1975. 2 vols.

Idaho Child Find: A study of exceptional children in Idaho. Boise: State superintendent of Public Instruction, 1974.

Mercer, J.R. *Labeling the mentally retarded.* Berkeley, Calif.: University of California Press, 1973.

Pima County Special Services Cooperative. *Program alternatives for special services.* Tucson, Ariz.: PCSSC, 1975.

Tizard, B. Observations of over-active imbecile children in controlled and uncontrolled environments, I classroom studies. *American Journal of Mental Deficiency*, Jan. 1968, V72 N4 P540-7.

United States Department of the Interior, Bureau of Indian affairs, Division of Education. *An interdisciplinary approach in the identification of mentally retarded Indian children.* Washington, D.C.: U.S. Dept. of the Interior, BIA, DE, 1966.

University of Oregon, Northwest Special Education Learning Resources System. *Diagnostic and prescriptive programming for the severely handicapped.* Eugene: University of Oregon, NSELRS, 1974.

University of Utah, Southwest Regional Resource Center. *Implementing special education services in rural remote areas.* Salt Lake City: University of Utah, SRRC, 1975.

Washington Research Project, Inc. Children's Defense Fund, *Children out of school in America.* Cambridge, Mass.: WRP, Inc., 1974.

A. Planning

ELEMENT 2: APPRAISAL RESOURCES

Element Definition: The resources in this element are the professionals who work in public and private institutions or clinical facilities who have the capability and availability to provide appraisal services.

Consideration and Justification: To fully appraise a child's abilities, learning rates and other factors intrinsic to the development of an appropriate educational program for the child, several different procedural steps may be implemented: these may include screening, testing, diagnosis and prescription. In this manual, the term appraisal includes the screening, testing, diagnostic and prescriptive processes.[4]

The most appropriate and adequate appraisal services available to handicapped children in the service area must be located before they can be utilized. Because many clinics and hospitals have experienced staff who can perform parts or all of the appraisal services, it is economical to identify and utilize these services when possible.

See Supplement 2:1 for an example of typical definitions of handicapped children by categories.

---

[4] The Request for Proposal (RFP 74-6) for Regional Resource Centers defines appraisal as follows: "A systematic comprehensive appraisal process includes (1) referral and screening, (2) individual assessment, (3) development of appropriate individualized educational program and placement, (4) implementation of the educational program based upon effective communication and coordination among essential personnel, and (5) provision and maintenance of testing and evaluation practices to determine the effectiveness of the individual educational program and also to assure the continued appropriateness of the educational program and placement." (Attachment "A" MSCF #12, p.1.) The five parts of the appraisal process specified in the RFP are addressed in this document, although the organization into Planning, Implementation and Augmentation Elements precludes a simple statement of direct relationships.

Outcome: Determination of the availability of appraisal services for children to aid with screening, testing, diagnosis, prescription, placement and programming of the students.

Components:

1. Medical appraisal: Facilities with staff who have the capability of administering complete medical examinations including: neurological, pediatric, cardiological, orthopedic, nutritional, ophthalmological and psychiatric.

2. Psychological examinations: Facilities that have qualified psychologists equipped to administer: standardized intelligence measures (e.g., Stanford-Binet, WISC, etc.), instruments to assess neurological and psychological dysfunctions (e.g., Bender Visual Motor Gestalt, Draw-A-Man, etc.), and social maturity or adaptive levels (e.g., Vineland, etc.).

3. Ancillary examinations: Facilities with staff who may provide speech pathology, audiometric, language development, physical development and occupational appraisals.

4. Performance assessments: Agencies that are equipped to assess educational and vocational abilities.

Element Inventory

List local agencies and facilities under the appropriate heading. Indicate which "appraisal services" each can provide, availability for your use (time, transportation) and cost per pupil.

Names and Addresses:	Medical	Psycho-logical	Ancillary	Social Service	Performance	Other	Available	Cost per pupil
Hospitals-Clinics								
1.								
2.								
3.								
University Affiliated Centers								
1.								
2.								
3.								
District Facilities								
1.								
2.								
3.								
State Health Agencies								
1.								
2.								
3.								
Others								
1.								
2.								
3.								

Task Analysis: If the element evaluation is incomplete, the following guidelines may be used to complete the survey:

1. Draw up a questionnaire with necessary information. Use it when making inquiries. The list might include:
    a. Are appraisal services available to our school system?
    b. What appraisal services are available?
        (1) medical
        (2) psychological
        (3) ancillary (specialty)
        (4) social service
        (5) performance
    c. Who makes the appraisal? What are their qualifications?
    d. What instruments are used?
    e. In what form(s) are the results reported?
    f. What is a typical report? What will it include?
    g. Who must be contacted in order to utilize the services?
    h. What is the method for making a referral?
    i. What is the time lapse between referral and appraisal?
    j. What, if any, is the cost per pupil?
2. Inquire at state educational agencies and departments.
3. Contact and inquire at:
    a. state vocational rehabilitation departments;
    b. state departments of health;
    c. local universities;
    d. local hospitals (particularly children's hospitals);

    e. regional and interstate resource centers;

    f. local and neighboring district offices.

4. Complete the element inventory.

5. Add additional information.

6. Select:

    a. the most appropriate services;

    b. the most available services;

    c. the most affordable services.

7. Make contact with the agent for these services.

8. Agree upon a procedure for most efficiently utilizing the services.

9. Decide which support appraisal services need to be supplied by the local district. (See ELEMENT 8 on Appraisal.)

Supplement 2:1

Typical Categorical Definitions*

1. Educable Mentally Retarded: Mental retardation refers to significantly subaverage general intellectual functioning existing concurrently with deficits in adaptive behavior and manifested during the developmental period (definition from American Association on Mental Deficiency). Persons whose intellectual disabilities prevent proper growth through regular program offerings, but who appear capable of acquiring primary academic skills, social adequacy and occupational competency are included in this category. Extreme care should be taken in the use of I.Q. scores. On an individual psychological test, mental retardation is generally indicated by a low score with a flat profile and falls within the I.Q. range of 55-75.

2. Trainable Mentally Retarded: Mental retardation refers to significantly subaverage general intellectual functioning existing concurrently with deficits in adaptive behavior and manifested during the developmental period (definition from American Association on Mental Deficiency). Trainable: General 40-60 I.Q. range; unable to keep up with an educable class; reasonable possibility of acceptable behavior in social groups; some ability to acquire personal competency to become, in part, self-directing individuals.

3. Severely Multiple Handicapped: The severely multiple handicapped are those individuals who present an array of two or more disabilities, each one of which prevents or interferes with normal functioning to the extent that special educational procedures are required. These individuals require special education provisions of the type not available in programs designed to serve only one handicap.

4. Physically Handicapped (Motor Handicapped) and Other Health Impaired (OHI): Physically Handicapped and Other Health Impaired refers to those children who are crippled and who have orthopedic conditions, motor impairments and/or physical health conditions, congenital or acquired, or chronic health problems.

---

*Utah State Board of Education, Rules and regulations for programs for the Handicapped. Salt Lake City, Utah: Office of Utah State Board of Education, December, 1975.

5. Communication Disorders (Speech, Language, or Hearing): The communication disordered child has a disorder in one or in a combination of modes of communication: listening, thinking and speaking. The speech, hearing and/or language disorder may be severe to profound and may involve a disorder of spoken speech, expressive or receptive language, or receptive or integrative audition. The speech/hearing/language disorder may affect the child's communication to such a degree that it detracts from acceptable normal speech and language, calls undesirable attention to itself, or impedes educational performance.

6. Visually Impaired (Blind and Partially Seeing): Students having a visual handicap of such a degree that they are prevented from developing their educational potential in a regular classroom without specialized instruction. The range of handicap varies from total blindness to mildly partially sighted. Program interventions may necessitate a self-contained class for the blind, a special resource room for the blind or visually handicapped, the services of an itinerant or resource teacher to help the child to succeed in assignments of the regular classroom, or the residential school for the blind.

7. Hard-of-Hearing: A student whose major handicapping condition is a mild to moderate hearing loss which is not considered severe enough to require placement in a program for the deaf. The hearing loss affects educational performances of the child to the degree that he will need the additional help of an itinerant or resource teacher to help him to succeed in the classroom setting. The learning difficulty is not primarily a function of another handicapping condition such as mental retardation or emotional disturbance.

8. Deaf: A student whose major handicapping condition is a hearing impairment which prevents him from developing his full educational potential in the regular classroom or with supplementary tutoring by a teacher of the hearing impaired. Generally, the hearing loss is severe to profound. However, personal qualities of the student and his learning strengths must allow for some flexibility between the program for the deaf and the program for the hard-of-hearing.

9. Homebound and Hospitalized: An instructional program designed for identified handicapped children who are permanently or temporarily homebound or hospitalized.

10. Emotionally Handicapped: Within the educational setting an Emotionally Handicapped child is defined as a child whose emotional condition is medically or psychologically determined to be such that he/she cannot be adequately or safely educated in the regular classes of the public schools without the provisions of special education services.

[illegible]1. Specific Learning Disabilities: Public Law 92-230, dated April 13, 1970 states: "The term 'children with specific learning disabilities' means those children who have a disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, which disorder may manifest itself in imperfect ability to listen, think, speak, read, write, spell, or do mathematical calculations. Such disorders include such conditions as perceptual handicaps, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia. Such term does not include children who have learning problems which are primarily the result of visual, hearing, or motor handicaps, of mental retardation, of emotional disturbance, or of environmental, cultural, or economic disadvantage."

BIBLIOGRAPHY

ELEMENT 2: Appraisal Resources

Buros, O.K. (Ed.) *The seventh mental measurements yearbook*. Vols. 1 and 2. Highland Park, N.J.: The Gryphon Press, 1972.

Early Childhood Assessment List. Hightstown, N.J.: New Jersey State Department of Education, Northeast Regional Resource Center, 1975.

Fidel, E.A. & Ray, J.B. The validity of the revised objective among nonorganic, minimally organic, and grossly organic children. *Journal of Special Education*. 1972, 6(3) 279-84.

Fredericks, H.D. Bud et al. *The teaching research curriculum for moderately and severely handicapped*. Monmouth, Ore.: Instructional Development Corporation, Teaching Research Infant and Child Center, 1975. (Springfield, Ill.: Charles C. Thomas, 1976.)

The phenomenon of early development. Columbus, Ohio: Abbott Laboratories, Ross Laboratories Division.

Pima County Special Services Cooperative. *Program alternatives for special services*. Tucson, Ariz.: Office of Pima County School Superintendent, PCSSC, 1975.

Utah State Board of Education. *Rules and regulations for programs for the handicapped*. Salt Lake City, Utah: Office of Utah State Board of Education, Dec., 1975.

A. Planning

ELEMENT 3: SCHOOLS AND PHYSICAL FACILITY RESOURCES

Element Definition: This element refers to schools and other physical facilities that are available to provide instruction for the severely handicapped student.

Consideration and Justification: Look at the schools and facilities that are presently available within the district or service area. If this is not done, there may be unnecessary and wasteful duplication of services and of some equipment. If other facilities for the severely handicapped child are available, there is an opportunity for cooperation and coordination of services and equipment. Also, staff expertise and skills can be shared. Consider cost, availability, distance from the handicapped child, waiting list, and amount of elapsed time between referral and diagnostic evaluation in your identification of facilities for the severely handicapped child.

Outcome: The determination of available facilities in your area that provide instruction for the handicapped.

Components:

1. Special school: A school that serves only handicapped students.
2. Regular public school: A school that serves mainly "regular" students, but is equipped to also serve special students.
3. Private school: A facility that will contract with the public agency to provide services to handicapped children.
4. Clinic facility: A facility that provides diagnostic workups and educational instruction.
5. Residential institution: A facility that provides twenty-four-hour care and education.
6. Other physical facilities: Facilities that are available by lease or by agreement with the educating agency.

Element Inventory

Identify the instructional facilities in your service area where you may house educational programs for severely handicapped students.

List each facility under the appropriate category (special school, clinic, etc.).

Investigate all "considerations" for each school, i.e., availability, student capacity, etc. Complete the Element Inventory Form with this information.

Element Inventory

Element Inventory Form

	Availability (yes/no) Severely Handicapped	Student Capacity	Distance from Populous Region	Number of Staff	Annual Cost per Student	Time Lapse between Referral or Application and School Placement	Other Considerations		
1. Special School									
2. Regular Public School									
3. Private School									
4. Clinic School									
5. Residential Institution									
6. Other Facilities									
7. Foster Home									

Task Analysis: The following are suggestions for locating facilities that are presently available in your area to provide instruction for the handicapped.

1. Contact State Department of Education for list of all schools and facilities providing instruction for the severely handicapped child.
2. Contact local or state Association for Retarded Citizens for their list of schools and facilities providing instruction for the severely handicapped.
3. Contact universities and colleges to find out if they have facilities to be used for instruction of the severely handicapped child. Contact the departments of special education, speech pathology, physical and occupational therapy.
4. Contact hospitals to determine if they have facilities available to provide instruction for the severely handicapped child.
5. Use the Information Form on the next page in making contact with facilities for the handicapped. The form can either be mailed or the information obtained by visiting the facility.
6. Complete Element Inventory Form with data obtained from the accumulated Information Forms.

Information Form

Date ____________

Name of facility ____

Address ____

____

Phone ____________________

Name of contact person ____________________________________

Type of school ____

1. What is the availability of facility? __________________

____

____

2. What are the restrictions, if any? ____________________

____

3. What is the student enrollment? ______________________

4. What is age range of enrollment? _____________________

5. What kinds of handicapped children do you accept? __________

____

6. What is the student capacity? ________________________

7. What is the number of staff? _________________________

8. What is the distance of facility from populous region? ________

9. What is the annual cost per student? __________________

10. What is the time lapse between referral or application and school placement? ________________________________

BIBLIOGRAPHY

ELEMENT 3: Schools and Physical Facility Resources

Connecticut State Department of Education, Bureau of Pupil Personnel and Special Educational Services. *General guidelines for special education programs*. Hartford: CSDE, BPPSES, 1974.

Zaetz, J.L. *Occupational activities training manual for severely retarded adults*. Springfield, Ill.: Charles C. Thomas, 1969.

A. Planning

ELEMENT 4: TRANSPORTATION

Element Definition: Transportation is the safe movement of students with various handicaps from their homes to an instructional environment. It may be daily, as in a school placement, or weekly or occasionally, as in foster home or residential placement. This element identifies the planning needed for adequate transportation services.

Consideration and Justification: Most students who attend regular schools walk to the school in their neighborhood. For the handicapped, transportation presents many problems. The child may need transportation even when he lives near the school. In rural areas, too frequently no suitable program exists within a reasonable distance for daily transportation from the child's home. If that is the case, educational alternatives would be: placement in an institution or residential school, foster home placement near an existing facility, or parent education on a weekly basis for home programming. In planning transportation, consider ELEMENT 9 on Student-Placement Match. In many districts there may be only one school serving the handicapped. It is likely that some students will need to be transported over long distances consuming several hours to attend school for four hours.

Physically handicapped students will need special buses with wheelchair lifts. Handicapped students will need more supervision than the bus driver can provide. Procedures will need to be established to cover the possibility of parents not being home when the driver returns the child home. Bus routes will have to be established to pick up students. For some students, alternative arrangements may have to be made for transportation. Handicapped students who are in foster homes or residential placement may need weekend transportation to and from their homes.

Outcome: Identification and development of alternatives for transporting handicapped students to and from the instructional setting.

Components:

1. District school buses: Buses that carry both handicapped and nonhandicapped students. Handicapped students in special schools would be delivered before or after regular students.

2. Special and adapted school buses: Buses that carry only handicapped students.

3. Contract transportation: Vehicles contracted by the school district from some private carrier.

4. Public transportation: Buses that are available to the public; city buses that the student could use to get to school.

5. Private transportation: Transportation provided by parents, such as the family car or participation in car pools.

6. Itinerant transportation: Transportation on a scheduled circuit between a student's home, and a group home, foster home, or other residential setting. Use of itinerant transportation would usually occur during weekends, holidays, and vacations.

7. Teacher transportation: Transportation of consulting teachers; mainly for traveling from school-to-school, and for making home visits.

Element Inventory

How are handicapped students transported in your district or area? Write a brief summary describing this and then complete transportation summary chart on the following page.

Transportation Summary

	Numbers							Supervision				
	Capacity		Sometimes									
	10-20	21-60	M	T	W	T	F	Teacher	Aide	Parent	Misc.	Contractive Agency
Components												
1. District school buses												
Wheelchair lift												
Regular												
2. Special school buses												
Wheelchair lift												
Regular												
3. Contract												
Wheelchair lift												
Regular												

Check space applicable on the following:

4. Public transportation

Other____ Taxi____ City bus line____

5. Private transportation Yes____ No____

Car pools____ Individual cars____

6. Itinerant transportation Yes____ No____

7. Teacher transportation Yes____ No____

Type:____

____

Task Analysis: If you have adequate transportation, you will not need to consider the following. If not, steps suggested can be used to provide for safe and reliable transportation of the handicapped child.

1. Determine the population distribution. Refer back to ELEMENT 1: Population Baseline for this information.
2. Determine students who are in foster home or residential placement and identify their transportation needs:
    a. for weekend transportation to home;
    b. for vacation transportation to home;
    c. for transportation to educational facility.
3. Determine which students cannot ride a regular school bus and their location:
    a. physically handicapped students confined to wheelchairs;
    b. students who exhibit extreme behavior problems, etc.
4. Develop bus routes in consideration of where physically handicapped students live.
    a. Schedule wheelchair-lift buses for wheelchair students.
    b. Select other students in the same area to complete the bus load.
5. Consider the following in making bus routes:
    a. time student leaves home and returns;
    b. amount of time student is on the bus;
    c. time bus arrives at school.
6. Determine where there are supervision needs.
    a. There should be a minimum of one supervisor other than the driver on the bus.
    b. Number of supervisors would depend upon the number of children, severity of handicaps and number of behavioral problems. Two or three supervisors on a large bus is recommended.

7. City bus lines.

    a. Consider city bus route in relation to where handicapped students live.

    b. Arrange for payment of fare if a city bus is to be used. (Some bus lines do not charge fares for the handicapped.)

    c. Arrange for advocate or big brother to assist student in riding bus.

8. Some districts or service areas will not have a large enough handicapped population for a school. Consider:

    a. transportation to a regional center for the handicapped;

    b. transportation to a neighboring district or service center;

    c. contract with other district for transportation to its special school.

9. Determine transportation mode of some staff who may provide service in two or more schools, such as speech and hearing clinician, consulting teacher, physical therapist, etc.:

    a. private car: pay mileage;

    b. district car.

Supplement 4:1

Case Study

One school for the handicapped in Utah serves moderately to severely retarded students. Approximately 250 handicapped students attend the school daily. Transportation is provided by ten buses; three of these are equipped with wheelchair lifts.

A smaller neighboring district contracts with the larger district for educational services for its more severely handicapped students. The smaller district transports its students to the school.

Two or three aides ride with the students on each bus. Some of the buses carry forty students. The aides supervise the students as they ride to and from school, and also assist the teachers in the classrooms

BIBLIOGRAPHY

ELEMENT 4: Transportation

Borton, L. The one room school bus. Teaching Exceptional Children. Reston, Va.: Council for Exceptional Children, 1975, Summer.

A. Planning

ELEMENT 5: FINANCIAL RESOURCES

Element Definition: This element refers to budget allocation, grants, and donations available for appraisal, programs, staffing, transportation, facilities, special projects, community involvement and other operations.

Consideration and Justification: Most basic to a program is the state allocated funding for staff, facilities, and equipment. Monies beyond the budget allocation make feasible extended operations.

Prudent requests and accurate accountability of funds spent allow better program planning. Awareness of additional sources and the resourcefulness of district personnel in requesting supplementary funds makes way for a potentially exceptional program.

Outcome: Assessment of current fiscal support and potentiality for other funding sources.

Components:

1. State funds: An assessment of the basic funds and formulas for handicapped students unique to each state.
2. Federal resources: An assessment of sources for federal financial support and technical assistance. These are Title and grant monies that are awarded on a competitive or on a formula basis from a federal agency (usually BEH) or through federal funds distributed through the State Educational Agency.
3. Local funds: An assessment of local district or area funds.
4. Other: An assessment of possible monies from projects, foundations and philanthropic organizations.

Element Inventory

Complete the following chart based on present funding.

Type of Financial Resources	Specific Type Funding	Authorizing Legislation	Purpose	Basis of Funding	Dollars
State					
Federal					
Local					
Other: Foundations, Projects, Philanthropic Organ., etc.					

Expansion of this chart is the purpose of the following Task Analysis.

Task Analysis:

State Funds

1. Contact your State Education Agency for notification of procedures for obtaining available funds. (Follow the protocol established by your district. Do not bypass the person with the responsibility to work with the SEA. This caution applies whenever you are trying to obtain money or services. If you are at the faculty level, your principal will probably be the one to contact the district.)

2. Contact other key people in the state: State Director of Special Education, State Finance Officer, etc. for notification of funds to be distributed.

3. Contact state boards of vocational education and vocational rehabilitation, requesting notification of allocation of their funds.

4. Study your state formula for basic school funding for special education.

    a. What is the formula for funding?

    b. How does your district receive money?

    c. Are you receiving your fair share?

    d. Can your district (or school) receive more by expanding services or increasing the number of students?

    Example: Some states fund programs for the handicapped on a weighted pupil basis, which means that the amount of money per pupil is "weighted" more heavily for students who are handicapped, usually with a heavier weighting for the more severely handicapped than for the mildly handicapped. Other states use an excess cost formula, which is figured on the base of how much it costs to educate a "normal" child, plus the extra money it costs to educate a handicapped child. Still other states fund on a unit or unit/teacher basis which means a classroom of children and a teacher are funded at a predetermined price. This may mean one teacher and an aide for four children if the children have severe handicaps; it may mean one teacher and 30 children in a regular classroom. Being well informed about your state's funding basis and actively seeking the funds available can mean more adequate programs for the education of handicapped students in your service area.

Federal Resources

1. Obtain the annual compendium of appropriated federal funds.

    a. *Catalog of Federal Domestic Assistance*
    Superintendent of Documents
    Government Printing Office
    Washington, D.C. 20402
    (1975 price was $17.00.)

    b. Select the category you are interested in: Instruction, Post-secondary, Education for the Handicapped, etc.

    c. Go through your distritt to check with the State Director of Special Education for information about requirements, etc.

2. Request that your district subscribe to the *Commerce Business Daily* where all information about government contracts is published.

3. Contact your state office for information regarding available Developmental Disabilities funds; determine what their requirements are for application for funds.

4. Consider writing as many grants or proposals as you can. Money is available from several federal sources.

Local Funds

1. Find out who is in charge of allocating funds for your district. Determine also if one person is charged with writing (or supervising the writing) of all proposals.

2. Establish a unified system within your district for requesting funds if guidelines are not established.

3. Educate the decision-makers in your school and your district about your programs; keep them updated so they will remember your project when monies are available.

Other Sources

1. Compile a list of projects, foundations and philanthropic organizations that might provide some type of funding. (The Community Resource Checklist and the Sources of Assistance for Handicapped Persons, both in ELEMENT 7, provide a beginning.)

2. Canvas local businesses and industries. Check with the public relations offices about their support of special projects.

3. Ask parents of handicapped students if they know of any philanthropic organizations who provide financial assistance for programs for the handicapped.

4. Make your needs known. The methods for doing this would depend on state and local policy. Needs might include special transportation; a physical facility; special equipment; books; trees, shrubs or flowers for your students to plant; an extended facility, such as a swimming pool, etc.

BIBLIOGRAPHY

ELEMENT 5: Financial Resources

Bialac, V. *The severely and profoundly retarded: A bibliography*. Olympia, Wash.: Washington State Library, 1970.

Hobbs, N. (Ed.) *Issues in the classification of children*. Vol. II. San Francisco: Jossey-Bass, 1975. 2 Vols.

The President's Commission on School Finance. *Schools, people and money, the need for educational reform*. Washington, D.C.: U.S. Government Printing Office, 1972.

U.S. Department of Health, Education and Welfare. *Catalog of federal education assistance programs*. Washington, D.C.: USDHEW, Publ. No. (OE)74-01600, 1974.

A. Planning

ELEMENT 6: STAFF RESOURCES

Element Definition: This element will help identify all personnel who are presently helping to educate the handicapped children in your service area.

Consideration and Justification: Staff is probably the most important ELEMENT in the instructional environment of the severely handicapped child. A well-trained and qualified staff is most essential for optimum skill acquisition by the handicapped child. Consider the position, certification, experience, and education of members when assessing staff resources. Another consideration is the instructional environment in which the staff is functioning--school, clinic, institution or other.

Outcome: The assessment of available staff and their qualifications.

Components:

1. Staff position: These are the position or role descriptions for the staff members in the instructional environment. Examples are: administrator, educator (teacher), support personnel (therapist and specialists), aides, foster grandparents, volunteers, and others.
2. Staff certification: This refers to the specific certification of staff; e.g., special educator, regular educator, speech therapist, audiologist, physical therapist, etc. Staff members such as aides, foster grandparents, and volunteers will probably not have professional certification.
3. Staff education: This is the educational background and special training of staff.
4. Staff experience: This is the length of time each staff member has functioned in his present position and in similar positions.

Element Inventory

Use the Staff Assessment Chart on the following page to identify personnel who are presently helping to educate the handicapped children in your service area. The Chart can be used to assess different types of facilities with a wide range of instructional environments.

The top of the Staff Assessment Chart is for schools, clinics, institutions, and others. The numbers 1, 2, and 3 refer to specific schools or facilities; you will need to increase the number of columns if you are assessing more than three schools; i.e., assessing six "Public Schools" would require six columns. In the boxes, write the number of staff for each position, for each certification, and for each individual level.

Complete school totals to determine school staff and cost effectiveness.

Use ELEMENT 3: School and Physical Facility Resources, for location of and other general information about schools.

Staff Assessment Chart

	Schools									Clinics			Institutions			Others		Total Cost	Total Number
	Special			Public			Private												
	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2		
Position																			
Administrator																			
Educator																			
Support Person																			
Aide																			
Grandparent																			
Volunteer																			
Other																			
Certification																			
MR																			
ED																			
Physically H.																			
Speech																			
Deaf																			
Blind																			
Other																			
Psychologist																			
Soc. Worker																			
Occup. Therap.																			
Phys. Therap.																			
None																			
Education																			
High School																			
BA/BS																			
MA/MS/MEd																			
Ph.D.																			
School Totals																			
No. of Students																			
Total Staff																			
Total Cost																			

Task Analysis: Objective assessment of the competencies of individual staff members is difficult. One method for making the assessment is by looking at position, certification, education, and experience of each staff member. Use the "Staff Information Form" (following page) as a guide for objective information on staff in individual facilities. Record results on the Staff Assessment Chart.

Some support personnel may work only part-time; indicate amount of time with a percentage figure. For example, a social worker may be with an educational facility .25 Full-Time Equivalent (FTE) and with social service .75 FTE.

The Information Form could be mailed to the school or clinic; a personal visit with the form in hand is more desirable. This form could also be used for visits to and evaluations of other educational facilities for the handicapped.

After all staff members are identified, staffing patterns and effectiveness may be evaluated. Some alterations may be necessary:

1. Establish new staff positions.

2. Eliminate staff positions in a facility.

3. Reassign staff members.

4. Hire new staff.

5. Promote staff.

6. Reschedule or reapportion part-time support personnel.

Staff Information Form

School or facility____
Address____
____
Phone____________________ Date_________________________________

Position: Write number of staff in the space to the right of each position.

1. Administrator (principal, ass't. principal, supervisor, etc.)__________
2. Educator (teacher)____________
3. Support Personnel (speech & hearing________, language______________, physical therapist_____________, occupational therapist____________, psychologist___________, social worker__________, total____________)
4. Aides (instructional_______________ clerical_____________)
5. Foster Grandparents________________
6. Volunteers_______________total volunteer hours per/week_____________
7. Others (describe)____
____

Certification

MR____________ Deaf___________ Soc. Worker__________
ED____________ Blind__________ Occup. Therap.________
Phys. H.______ Other__________ Phys. Therap.________
Speech________ Psychologist____ None________________

Education

Eighth Grade__________ M.A.____________
High School__________ Ph.D.____________
B.A._________________

Experience Chart

	Number of Personnel											
				Support Personnel								
Experience Years	Administrator	Educator	Speech & Hearing	Language	Physical Therapy	Occupational Therapy	Pyschologist	Social Workers	Others	Aides	Foster Grandparents	Volunteers
1-4												
5-10												
11-15												
16-20												
21-25												
25-30												

Total Staff Cost__________________

Complete the above chart to determine staff experience. Write number of staff in box indicating experience.

BIBLIOGRAPHY

ELEMENT 6: Staff Resources

The education professions - Supply of and demand for special education. Washington, D.C.: Superintendent of Documents, U.S. Government Printing Office, 1972, Part III.

Schwaninger, F.R. Observation of teacher behaviors for use in student placement. Salt Lake City: Rocky Mountain Regional Resource Center, University of Utah, Department of Special Education, 1972.

A. Planning

ELEMENT 7: COMMUNITY SERVICE RESOURCES

Element Definition: This element includes all volunteer, membership and public associations or agencies that now serve or could serve the handicapped citizen's needs.

Consideration and Justification: Most areas have community service agencies that can provide some assistance to the handicapped child. Assistance may come in many ways, from providing a hearing aid for a hearing impaired child, to providing a motorized wheelchair for a physically handicapped child, to building a therapy swimming pool, to assisting a teacher who is taking a group of handicapped students on a field trip.

Some organizations may not be assisting the handicapped at the present time because no one has brought the need for service to their attention. This section may be of some assistance for finding those who can offer service to the handicapped child, where they are located, what service is provided, and the cost of that service.

Outcome: The assessment of community services that may be available for handicapped students in your area.

Components:

1. Professional organizations: There are organizations whose resources come from membership dues and fund-raising projects. Their main purpose is professional growth and development, and the improvement of educational services to children. The Council for Exceptional Children (CEC) and the American Association on Mental Deficiency (AAMD) are two of these. See Supplement 7:1 for a listing of names and addresses of many groups dedicated to the handicapped. The list includes professional, private and public organizations and advocacy groups.

2. Advocacy groups: These organization are patrons for the handicapped citizen through arrangements for services and through lobbying at all levels of government.

3. Social and civic organizations: These organizations provide assistance to the handicapped as one of many community services. Examples are the Lions, Rotary Clubs, Elks, etc.

4. Private agencies: These organizations depend on contributions to provide services to the handicapped child. Easter Seal is one such organization.

5. Private businesses: These organizations operate for profit and donate to various other organizations that serve the handicapped.

6. Public agencies: These agencies have a tax base and are equipped to assist handicapped students. Welfare and social services are examples.

7. Religious organizations: These organizations, funded by a church, assist the handicapped citizen. Deseret Industry, Church Social Services, Jewish foundations, etc. are examples.

Element Inventory

List on the following chart all associations, groups, and agencies in your locality under the appropriate heading. Indicate services provided that are relevant to handicapped students. Do this only for the organizations with which you are familiar. Researching procedures to expand the inventory follow in the Task Analysis.

Name	Service Provided	Contacts or Requirements	Cost per Student for Service
Professional Organizations			
Advocacy Groups			
Social and Civic			
Private Agencies			
Private Business			
Public Agencies			
Religious Organizations			

Task Analysis: Locate community service organizations and determine what services they now provide or could provide to the handicapped children in your area. In many areas there could be hundreds of organizations that might provide service to the handicapped. Use the following steps as a guide in finding those organizations:

1. Look in the yellow pages of the telephone directory under Clubs, Fraternal Organizations, Fraternities and Sororities, Associations, and Youth Organizations and Centers.

2. Use COMMUNITY RESOURCE CHECKLIST on the following two pages for names of community service organizations that might be in your area.

3. Use Supplement 7:1 to write to the national headquarters of organizations not listed in the telephone directory for addresses and phone numbers of the local president or director.

4. Begin collecting information from community service agencies that will be able to provide a service to the handicapped.

5. Use COMMUNITY SERVICE INFORMATION FORM to determine what service each organization will provide.

6. Contact your State Director of Special Education for other resources.

COMMUNITY RESOURCE CHECKLIST

Public Agencies:

___Rehabilitation Services
___Community Mental Health
___Community Services Council
___State Department of Education and Local (district) Educational Agency
___Public Health Department Services
___Welfare Department
___Children's Services Society
___Juvenile Department
___Crippled Children's Division
___Probation Office
___Park & Recreation Department
___School Board(s)
___Vocational Rehabilitation
___Intermediate Education Districts
___Councils of Government
___Social Security
___Fire Department
___Mail Carriers
___Police Department
___Child Development Centers
___Mental Health Services
___Youth Training Center
___State School for Deaf and Blind
___State Training School and Hospital
___State Hospital
___State Dept. of Mental Health
___State Division of Health
___State Division of Family Services
___Services for Visually Handicapped
___State Employment Security
___Social Security Administration
___State Library Commission
___Head Start

Social and Civic Groups

___Campfire Girls
___Senior Citizens Groups

Social and Civic Groups (cont.)

___Elks
___Lions
___Moose
___Soroptimists
___Masons
___International Order of Odd Fellows
___Knights of Columbus
___Area Alumni Clubs
___Jaycees & Auxilary
___Boy and Girl Scouts
___YMCA, YWCA
___Kiwanis
___Area Women's Clubs
___Optimists
___League of Women Voters
___Eagles
___Altrusa
___Red Cross
___Shriners
___American Legion
___Veterans of Foreign Wars
___Delta Gamma
___Rotary Club
___Junior League
___Salvation Army

Private Organizations:

___State Training School Assoc. for Retarded Children
___State Assoc. for Retarded Citizens
___Epilsey Foundation
___Easter Seal Society for Crippled Children
___Exceptional Child Centers
___State Assoc. for Retarded Citizens
___State Assoc. for the Deaf
___State Congress of Parents and Teachers
___Blind Commission
___State Mental Health Association
___March of Dimes Foundation
___National Society for Autistic Children
___United Cerebral Palsy Assoc.

COMMUNITY RESOURCE CHECKLIST (continued)

Private Organizations (cont.)

___Sectarian and/or Nonsectarian Community Centers & Assocs.
___All area churches and church groups
___Planned Parenthood
___Muscular Dystrophy Association
___University
___Association for the Blind
___Oral-Deaf Association
___Hemophilia Foundation
___Multiple Sclerosis Society
___National Association for Mental Health
___National Association for Retarded Citizens
___Ability Agencies Incorporated
___Recovery, Inc.
___Private preschools
___Parent-to-Parent Counseling Groups

Vocation/Professional Organizations:

___Teachers Organizations
___Foresters
___Grange
___Farm Bureau
___National Farmers Organization
___Farmers Union
___4-H Clubs
___Labor Unions
___Businessmens Associations
___Employees Associations
___Chamber of Commerce
___Medical Society
___Dental Society
___Business & Professional Women
___4-C Programs
___Local Hospitals
___Community Colleges and Universities
___College Special Education Departments
___Cooperatives
___Public Utilities

Vocation/Professional Organizations continued

___National Association of Social Workers
___National Rehabilitation Association
___State Education Association
___State Hospital Association
___State Medical Association
___Local Education Associations

COMMUNITY SERVICE INFORMATION FORM

Name ______________________________

Address ______________________________

Phone Number ______________

Informant ______________________________

Questions:

1. Does your organization provide service to the handicapped child?

   ____

2. Do you have a brochure which describes services provided?

   ____

   (If so, have them mail copy.)

3. What kind of service do you provide? ______________

   ____

   ____

4. What age group do you serve? ______________

5. What is the cost of service? ______________

6. Where is the service provided? ______________

7. What are the requirements for obtaining this service?

   ____

   ____

   ____

   ____

8. What is the procedure for obtaining the service? ______________

   ____

   ____

Supplement 7:1

Sources of Assistance for Handicapped Persons

Action for Brain-Handicapped Children
300 Wilder Building
St. Paul, Minnesota 55102
(612) 226-4261

Alexander Graham Bell Association
  for the Deaf, Inc.
3417 Volta Place
Washington, D.C. 20007
(202) 337-5220

American Academy for Cerebral Palsy
University Hospital School
Iowa City, Iowa 52240
(319) 353-4825

American Academy of Pediatrics
1801 Hinman Avenue
Evanston, Illinois 60204
(312) 869-4255

American Association for Rehabilitation Therapy
P.O. Box 93
North Little Rock, Arkansas 72116
(501) 835-3573

American Association of Psychiatric
  Services for Children
250 W. 57th Street
Room 1032, Fisk Building
New York, New York 10019

American Association of Workers for
  the Blind, Inc.
1511 K Street, N.W.
Suite 637
Washington, D.C. 20005
(202) 347-1559

American Association on Mental
  Deficiency
5201 Conneticut Avenue, N.W.
Washington, D.C. 20015
(202) 244-8143

American Foundation for the Blind
15 W. 16th Street
New York, New York 10011

American Occupational Therapy Association, Inc.
251 Park Avenue South
New York, New York 10010

American Orthopsychiatric Association, Inc.
1790 Broadway
New York, New York 10019

American Physical Therapy Association
1156 15th Street, N.W.
Washington, D.C.
(202) 466-2070

American Printing House for the Blind
1839 Frankfort Avenue
Louisville, Kentucky 40206
(502) 895-2405

American Psychiatric Association
1700 18th Street, N.W.
Washington, D.C. 20009
(202) 232-7878

American Psychological Association
1200 17th Street, N.W.
Washington, D.C. 20036
(202) 833-7600

American Rehabilitation Counseling
Association of the American Personnel
and Guidance Association
1607 New Hampshire Avenue, N.W.
Washington, D.C. 20009
(202) 483-4633

American Schizophrenia Association
56 West 45th Street
Suite 805
New York, New York 10036
(212) 972-0705

The American Speech and Hearing Association
9030 Old Georgetown Road
Washington, D.C. 20014
(301) 530-3400

Association for Children With Learning Disabilities
2200 Brownsville Road
Pittsburgh, Pennsylvania 15210
(412) 882-5201

Association for Education of the Visually Handicapped
1604 Spruce Street
Philadelphia, Pennsylvania 19103
(215) 732-0100

Association for the Aid of Crippled Children
345 East 46th Stteet
New York, New York 10017
(212) 697-3150

Boy Scouts of America
U.S. Rt. 1 & 130
New Brunswick, New Jersey 08903

Centers and Services for Deaf-Blind Children
Bureau of Education for the Handicapped
U.S. Office of Education
Department of Health, Education and Welfare
7th and D Streets, S.W. - Room 2036
Washington, D.C. 20202
(202) 963-7101

Child Study Association of America
9 E. 89th Street
New York, New York 10028
(212) 369-2600

Child Welfare League of America, Inc.
44 East 23rd Street
New York, New York 10010
(212) 254-7410

Closer Look
Box 1492
Washington, D.C. 20012

Conference of Executives of American Schools for the Deaf
c/o Dr. Howard M. Quigley
5034 Wisconsin Avenue, N.W.
Washington, D.C. 20016
(202) 363-1327

The Convention of American Instructors of the Deaf
c/o Dr. Howard M. Quigley, Executive Secretary
5034 Wisconsin Avenue, N.W.
Washington, D.C. 20016
(202) 363-1327

The Council for Exceptional Children
1920 Association Drive
Reston, Virginia 22091
(703) 620-3660

Council of Organizations Serving the Deaf
4201 Connecticut Avenue, N.W.
Suite 609
Washington, D.C. 20008
(202) 363-5611

Council on Education of the Deaf
c/o Dr. Ben E. Hossmeyer, Executive Director-Headmaster
American School for the Deaf
139 North Main Street
West Hartford, Connecticut 06107

Epilepsy Foundation of America
1828 L Street, N.W.
Suite 406
Washington, D.C. 20036
(202) 293-2930

Family Service Association of America
44 East 23rd Street
New York, New York 10010
(212) 674-6100

Girl Scouts of the United States of America
830 3rd Avenue
New York, New York 10022
(212) Pl 1-6900

Goodwill Industries of America, Inc.
9200 Wisconsin Avenue
Washington, D.C. 20014
(301) 530-6500

Information Center-Recreation for the Handicapped
Outdoor Laboratory
Little Grassy
Southern Illinois University
Carbondale, Illinois 62901

International Association for the Scientific Study
of Mental Deficiency
c/o I. Ignacy Goldberg
Teachers College
Columbia University
New York, New York 10027

International Association of Rehabilitation Facilities
5530 Wisconsin Avenue
Washington, D.C. 20015
(301) 654-5882

International League of Societies for the Mentally Handicapped
12 Rue Forestiere
1050 Brussels, Belgium

International Society for Rehabilitation of the Disabled
219 E. 44th Street
New York, New York 10017
(212) Yu6-1470

Joseph P. Kennedy, Jr. Foundation
1701 K Street, N.W. - Suite 205
Washington, D.C. 20006
(202) 347-1731

Library of Congress
Division for the Blind and Physically Handicapped
1291 Taylor Street, N.W.
Washington, D.C. 20542
(202) 882-5500

Muscular Dystrophy Association of America, Inc.
1790 Broadway
New York, New York 10019
(212) Ju6-0808

The National Association for Mental Health, Inc.
1800 North Kent Street
Arlington, Virgina 22209

National Association for Music Therapy, Inc.
Box 610
Lawrence, Kansas 66044
(913) 842-1909

National Association for Retarded Citizens
2709 Avenue E East
Arlington, Texas 76011
(817) 261-4961

The National Association of Coordinators of State Programs for the Mentally Retarded
Suite 802
Crystal City Plaza #1
2001 Jefferson Davis Highway
Arlington, Virginia 22202
(703) 920-0700

National Association of the Deaf
814 Thayer Aveneue
Silver Spring, Maryland 20910
(301) 587-1788

National Association of Hearing and Speech Agencies
919 18th Street, N.W.
Washington, D.C. 20006
(202) 296-3844

National Association of Social Workers
2 Park Avenue
New York, New York 10016
(212) 686-7128

National Catholic Educational Association
Special Education Department
4472 Lindell Blvd.
St. Louis, Missouri 63108
(314) 533-3454

National Council on Crime and Delinquency
NCCD Center
Paramus, New Jersey 07652
(201) 262-7300

The National Easter Seal Society for Crippled Children and Adults
2023 West Ogden Avenue
Chicago, Illinois 60612
(312) 243-8400

National Epilepsy League, Inc.
222 N. Michigan Avenue, 5th Floor
Chicago, Illinois 60601
(312) 332-6888

National Multiple Sclerosis Society
257 Park Avenue South
New York, New York 10010
(212) 674-4100

National Paraplegia Foundation
333 North Michigan Avenue
Chicago, Illinois 60601
(312) 346-4779

National Rehabilitation Association
1522 K Street, N.W.
Washington, D.C. 20005
(212) 659-2430

National Society for Autistic Children
621 Central Avenue
Albany, New York 12206

National Therapeutic Recreation Society
c/o National Recreation and Park Association
1700 Pennsylvania Avenue, N.W.
Washington, D.C. 20006
(202) 223-3030

Office of Child Development
Box 1182
Washington, D.C. 20013

The President's Committee on Employment
  of the Handicapped
U.S. Department of Labor
Washington, D.C. 20210
(202) 393-2420

President's Committee on Mental Retardation
Washington, D.C. 20201
(202) 963-5819

Secretary's Committee on Mental Retardation
Department of Health, Education, and Welfare
Office of the Secretary
4513 North Building
330 Independence Avenue
Washington, D.C. 20201

Social and Rehabilitation Service
Assistance Payments Administration
330 C Street, S.W. - Room 4006
South Building
Washington, D.C. 20201
(202) 962-0404

Social and Rehabilitation Service
Office of Research, Demonstrations, and Training
330 C Street, S.W.
Room 5054, South Building
Washington, D.C. 20201

Social and Rehabilitation Service
Rehabilitation Services Administration
330 C Street, S.W.
Room 3024, South Building
Washington, D.C. 20201

United Cerebral Palsy Associations, Inc.
66 E. 34th Street
New York, New York 10016
(212) 889-6655

U.S. Department of Health, Education and Welfare
Washington, D.C. 20202

U.S. Office Of Education
Bureau of Adult, Vocational and Technical Education
7th and D Streets, S.W.
Room 5050
Washington, D.C. 20202

U.S. Office of Education
Bureau of Education for the Handicapped
7th and D Street, S.W.
Washington, D.C. 20202
(202) 962-1479

U.S. Office of Education
Bureau of Libraries and Educational Technology
7th and D Streets, S.W.
Room 4624
Washington, D.C. 20202

U.S. Public Health Service, Health Services and Mental Health
Administration
National Institute of Mental Health
5454 Wisconsin Avenue
Chevy Chase, Maryland 20015
(301) 657-2944

U.S. Public Health Service
National Institutes of Health
9000 Rockville Pike
Bethesda, Maryland 20014
(301) 656-4000

B. Implementation

ELEMENT 8: UTILIZATION AND APPLICATION OF APPRAISAL

Element Definition: This element presents a system for utilizing external appraisal services (identified in ELEMENT 2), utilizing internal appraisal services, and identifying appropriate appraisal and instruments.

Consideration and Justification: External agencies and facilities often offer appraisal services. It is possible that one or two of these agencies can supply a school district with a complete appraisal of a child. If this is the case, a direct follow-through procedure with the supplying agency can be established.

It is also possible that either appraisal services are not available or that they are incomplete according to the established criteria for appraisal. In that case, a system needs to be designed for harmonious utilization of external and internal appraisal sources, with a goal of providing complete appraisal services for all children identified as handicapped.

Outcome: Establishment of an appraisal utilization system and a method for applying the results of appraisal for placement, instruction, development of long-range goals for identified students, and optimal use of supportive services.

Components:

1. External appraisal service utilization: A system established for the use of appraisal services outside of the district or school service area (as identified in ELEMENT 2).

2. Internal appraisal service utilization: A system established for the cooperative use of district and school appraisal services in conjunction with external services. Included in this component is the selection of appropriate instruments.

3. Application: The method for applying appraisal results for placement, programming and the selection of support services for each identified student.

4. Continued appraisal: A recording and scheduling method designed so that appraisal results are useful and are continually updated.

Element Inventory

1. What are your criteria for a complete appraisal of a severely handicapped child?

2. Do your identified external appraisal services adequately meet the established criteria?

3. Are internal appraisal services established?

4. What parts of a complete appraisal are your internal services equipped to administer?

5. Using the combined resources--internal and external--can you furnish a complete appraisal?

6. What are the instruments used by the internal services?

7. How are appraisal results recorded and what system is used for ongoing appraisal?

8. How are the appraisal results applied? For what purpose?

Task Analysis: These task-analyzed steps will not be necessary if: criteria for acceptable appraisal are already established as per inventory question 1; and if the answer to question 2 is affirmative--that external appraisal services are adequate and appraisals are being implemented and the results applied in your service area. If the system is inadequate the following are possible guidelines for implementing a more adequate system.

1. Establish criteria for a complete appraisal.

    a. Consider the population of handicapped children and their exceptional needs. Many severely handicapped children have multiple health complications including the possibility of: seizures, brittle bones, unbendable joints due to operations, lung involvement, weak heart, the necessity for a special diet, etc. Severely emotionally disturbed children may need special therapy. Psychological tests are often necessary to assure proper placement of many handicapped children.

    b. Consider the necessity for information that will help establish relevant educational goals. Will an IQ score translate into an objective? Will a developmental scale assessment better supply the data? How will long-range goals be established? Will the child go to school for sixteen years and then be institutionalized; if so, will he be prepared to contribute to the quality of his own life and that of others even in the institution?

    c. Now consider the inclusion of the types of appraisals as well as what their outcomes may be. On the following pages is a suggested guideline, Chart 8:1.

    d. Draw a similar chart and establish your own criteria.

        (1) Select the outcomes of appraisal that you feel would establish a complete assessment. Write and add your own outcomes, placing them in the column marked "Outcome."

        (2) Establish the source of that information; place this in the "Appraisal" column.

        (3) Establish who is responsible for the appraisal, and put the name or title in the Responsibility" column.

Chart 8:1

Guidelines: Criteria for Complete Assessment

Appraisal	Responsibility	Outcomes	Usage
Milestone Interview	Interview with parents by teacher, counselor, resource consultant, etc.	Developmental history: crying, babbling, talking, falling over, sitting, walking, etc.	Awareness of patterns that may hold implications for remedial alternatives.
Medical History	Physician	Problems at birth or early childhood health.	
Physical Examination	Internist Neurologist Cardiologist Pediatrician Physical therapist	Health condition and endurance of: lungs, heart, general body tone, range of motion, reflexes structural and functional assessment of: appendages, ears, eyes, nose, mouth, palate patterns of: seizures, self stimulating or distractive behaviors necessity for: special equipment, braces, wheelchairs, adapted wheelchairs, walkers, boards, etc. medication	Activity level. Therapy and activity limitation. Movement possibilities and language prerequisites or alternatives. Prevention and protection and correctional objectives. Possibilities and limitation for mobility and instruction. Awareness and protection.
Psychological	Psychologist	Intelligence quotient, social maturity and/or adaptive ability, possible emotional disturbances	Placement, programming, Programming and therapeutic programming.

(Continued)

Guidelines: "Criteria" for Complete Assessment (continued)

Appraisal	Responsibility	Outcomes	Usage
Speech	Speech pathologist	Speech abilities, articulation evaluation, language development	Language programming or alternative communication.
Audiological	Audiologist or otologist	Conductive assessment, sensori-neural impairment, "evoked response" for mentally limited or those with unsatisfactory result	Training and support services.
Optometrical	Optomologist	Defects and faults of refraction	Necessity for lenses and exercises. Drugs or surgical correction.
Occupational	Occupational therapist Vocational rehabilitation assessor	Feasible occupational or contributive tasks	Task analysis used to develop contributive or occupational skills.
Nutritional	Nutritionist	Nutritional problems, eating skills and habits	Diet changes, eating training.
Family Appraisal	Social worker Public health nurse	Home visit appraisal	Determine effects socio-economic status on program and achievement and parents adaptability to support educational objectives.

(Continued)

Guidelines: "Criteria" for Complete Assessment (continued)

Appraisal	Responsibility	Outcomes	Usage
Performance	School diagnostician District counselor Resource consultant Curriculum specialist Teacher	A. Developmental level: for physical areas, self-help areas, social areas, academic and communication. B. Sensory status. Perceptual function. Competence in learning for short-term retention. Language competence C. Vocational competencies. D. Task analysis of entry level on all curriculum items.	Educational programming.
Informal appraisal	Speech therapist Language therapist	Informal data for speech, language, hearing.	Communication programming.
Objectives appraisal	Interview with parents by Teacher Counselor Resource consultant	Acceptance, requirements, expectations, future plans.	Joint planning for long-range goals.

(4) Now decide how each appraisal outcome will be used. Put this in the "Usage" column.

2. Establish a system for utilizing external appraisal service.

    a. Contact the agencies selected in ELEMENT 2.

    b. Set up any needed monetary agreements.

    c. Define your criteria for acceptable appraisal.

    d. Set up your referral system.

    e. Set a timeline for receipt of referral, appraisal, and report of results.

    f. Determine transportation agreement.

3. Establish a system for utilizing internal appraisal methods.

    a. Decide which appraisals will be done internally.

    b. Decide the necessary outcome of these appraisals.

    c. Select appraisal instruments (see Chart 8:2). Supplement 8:1 contains further information on tests for the early childhood assessment.

    d. Determine staff members who will administer various tests. (Note "Responsibility" column on Chart 8:1.)

    e. Train or make training available for staff who will administer the selected appraisal instruments.

    f. Design a reporting method for the results.

    g. Set up a procedure for determining which children should be assessed. Also, decide when, how, and where this assessment should be given.

4. Select the appropriate instrument(s).

    a. Select an instrument that can yield results for children with particular handicaps. The Arthur Adaptation of the Leiter IQ Test, for example, may be used with deaf students.

Chart 8:2

Possible Instrument Chart

Type	Instrument	What It Measures	Who May Administer It
Individual Intelligence Tests	1. Stanford-Binet, L and M Forms (Houghton-Mifflin)	Intelligence Quotients from 30 to 175, for ages 2.5 to 22.10.	Psychologist
	2. Wechsler Intellgence Scale (WISC) (Psychological Corporation)	Intelligence Quotient from 45 to 154 for ages 5 to 15 years.	Psychologist
	3. (L.I.P.S.) Arthur Adaptation of the Leiter International Performance Scale. (Standardized on deaf population, good for use with cerebral palsy children) (Stoelting)	Intelligence Quotient relative to: visual discrimination, perceptual speed, spatial abilities, visual motor integration.	Psychologist
	4. Arthur Point Scale of Performance Form II (especially good deaf students) (Psychological Corporation)	Ratio intelligence score.	Psychologist
	5. Hayes-Binet (for blind students) (Houghton-Mifflin)	Intelligence Quotient tests assembled from the Stanford-Binet.	Psychologist

(Continued)

Chart 8:2

Possible Instrument Chart (continued)

Type	Instrument	What It Measures	Who May Administer It
	6. Group test: Goodenough-Harris Draw-a-Man Test [Gross motor complications make it difficult to validate for severely handicapped]	Reports intelligence quotient.	Psychologist
Intelligence and Emotional Appraisals	1. Bender Visual Motor Gestalt Test for Young Children (American Orthopsychiatric Association, Inc. 1790 Broadway, New York, New York)	Diagnoses brain injury. Intelligence. Emotional Adjustment. Test of school achievement.	Psychologist
Adaptive Measures	1. Vineland Scale of Social Maturity (American Guidance Service Educational Test Bureau)	Birth to 25 years. Age levels in: self help; self direction; locomotion; occupation; communication; socialization.	Teacher and others.
	2. Cain Levine Social Competency Scale. (Consulting Psychologist Press)	Birth to 25 years. Age levels in: self help; self direction; locomotion; occupation; communication; socialization.	Teacher and others.

(continued)

Chart 8:2

Possible Instrument Chart (continued)

Type	Instrument	What It Measures	Who May Administer It
Developmental Scales	1. Gesell Developmental Schedules (Psychological Corporation)	Procedures for observing behavior development in motor development, adaptive behavior, language behavior, personal-social behavior.	Psychologist or person trained in administration.
	2. Bayley Infant Scales of Development (Psychological Corporation)	Development from birth to 15 months.	"
	3. Developmental Profile Alpern and Boll (Psychological Development Publications, 710 Lakeside Drive, Indianapolis, Indiana 46278)	Measures development in 6-month increments for physical, self-help, social, academic and communication areas.	Parent interview.
	4. Denver Developmental (University of Colorado Medical Center)	Developmental scales from 1 month to 6 years for personal fine motor, adaptive language, and gross motor.	Person trained in administration.

(continued)

Chart #2

Possible Instrument Chart (continued)

Type	Instrument	What It Measures	Who May Administer It
	5. Memphis Model of Individual Program Planning and Evaluation (Dr. Alton D. Quick Early Childhood Education for Exceptional Infants, Memphis State University, Memphis, Tenn. 38152)	Three-step system of development, educational assessment and education program planning.	Teacher
Language and Speech	1. Bzoch-League Receptive Emergent Language Scale	Receptive and expressive language.	Teacher/therapist
	2. Poole Scale of Sound Development		
	3. Verbal Language Development Scale (American Guidance)		
	4. Language Acquisition for the Severely Retarded Dr. Louise Kent	Language appraisal for severely retarded by receptive and expressive phases.	Teacher

(Continued)

Chart 8:2

Possible Instrument Chart (continued)

Type	Instrument	What It Measures	Who May Administer It
	5. Language and Motor Abilities Folkes Scale found in Stephens book (see Element Bibliography)	Birth to 7 years and beyond.	Teacher
Performance	1. Teaching Research	Developmental assessment followed with instructional task analysis.	Teacher
	2. T.M.R. Performance Profile for the Severely and Moderately Retarded (Ridgefield New Jersey Reporting Service for Exceptional Children)	Assessment of major areas similar to developmental. Uses stages of progress for each behavior.	Teacher
	3. P.A.C. Progress Assessment Charts (London-N.A.M.H. 39 Queen Anne Street)	Form I-for children unsuitable for education at school Form II-for older mentally handicapped trainees.	Teacher

(Continued)

Chart 8:2

Possible Instrument Chart (continued)

Type	Instrument	What It Measures	Who May Administer It
	4. Psychoeducational Evaluation of the Preschool Child (utilizing the Haeusserman Approach) Jedrysek, et al. Grune and Stratton New York, New York	Physical functioning. Perceptual functioning. Competence in learning short-term retention. Language competence. Expressive language. Cognitive functioning.	Teacher — Diagnostician

b. Decide whether an intelligence test is relevant for a severely handicapped child. A developmental. scale may be most useful and reliable for younger students.

c. Note the range of the test for age, intelligence, and severity of handicap (Chart 8:2). A severely retarded student would not be adequately scored on the WISC with the lowest IQ level at 45.

d. Select an instrument for a specific use, one that precisely names the outcomes or results you are seeking.

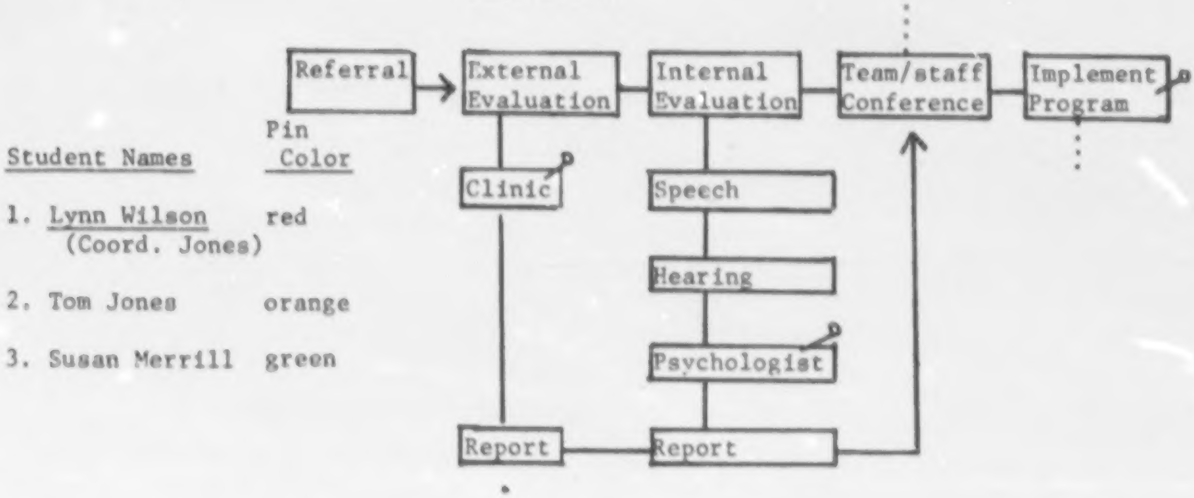
5. Coordinate appraisal services

a. Design a system for tracking all appraisals.

b. Designate a person or group of people to be responsible for making referrals, receiving results, contacting agencies, and completing files. This role could be called "case director" or "coordinator." It would be this person's responsibility to timeline the referrals, appraisals and conferences.

c. A flow chart or timeline could be hung in the coordinator's office. On the flow chart a pin representing each referred child might be placed to depict progress of the child through appraisal process. (See the following examples of a flow chart and timeline.)

Flow Chart


Referral
External Evaluation
Internal Evaluation
Team/staff Conference
Implement Program
Clinic
Speech
Hearing
Psychologist
Report
Report

Student Names	Pin Color
1. Lynn Wilson (Coord. Jones)	red
2. Tom Jones	orange
3. Susan Merrill	green

Timeline

	Sept.7	Sept.14	Sept.21	Sept.28	Oct.5	Oct.19	Oct.26	Nov.2	Nov.9	
Lynn Wilson	Referred to Clinic	Report due Pys.	Referred to Psych.	Report due Psych.	Referred to Performance	Referred to Speech	Report due Speech	Conference with parents	Implement Program	
Tom Jones	Referred to Psych.	....	....							
Susan Merrill										

6. Decide procedure for reporting results.

   a. Decide on a staff conference with all professionals who made appraisals; or,

   b. Decide on written reports from all agencies and the coordinator who would receive the reports; or,

   c. Decide on a "result conference" that would include professionals and/or their reports, parents, teachers, coordinator, and advocate.

   d. Determine purpose of meeting to: report results, give suggestions, recommend placement, determine program goals, etc.

7. Consider one more dimension.

   a. Crisis Intervention Team: a team of educationally knowledgeable medical, psychological, or social work experts who would offer further information or resources to the parent.

b. Parent Exchange: parents of a child with similar handicaps will visit the parents following the appraisal report. The visit is to provide support and personal advice from experience.

c. Parent File: give the parents the reports. Parent Kathryn Gorham states that it is the responsibility of the parents to monitor their child's progress from diagnostic to appraisal services. The professional, she believes, should not assume that parents cannot understand, but believes that regular dialogue between professionals and parents will help both.[5]

d. Actively involve the parent in the reporting, planning and decision-making. Parents have in the past often been intimidated by the professional. Gorham suggests several ways the professional can improve communication with the parents.

> Let the parent be involved every step of the way. . .
>
> Make a realistic management plan part of the assessment outcome. . .
>
> Inform yourself about community resources. . .
>
> Write your reports in clear and understandable language. . .
>
> Give copies of the reports to parents. . .
>
> Be sure the parent understands that there is no such thing as a one shot, final and unchanging diagnosis. . .
>
> Help the parent to think of life with this child in the same terms as life with his other children. . .
>
> Be sure that the parent understands his child's abilities and assets as well as his disabilities and deficiencies. . .
>
> Warn the parent about service insufficiencies. . .
>
> . . .help train the parent not only to think positively but to teach the other people important in his child's life to do so.[6]

---

[5] Kathryn A. Gorham. "A Lost Generation of Parents," Exceptional Children, 41, 8, May, 1975, pp. 521-525. Copyright 1975 by The Council for Exceptional Children. Reproduced by permission.

[6] *Ibid*., pp. 523-24.

8. Establish a method for applying appraisal results for placement.

   a. What methods did you decide to use for describing identified child?

      (1) traditional labels (IQ and disabilities);

      (2) age;

      (3) abilities;

      (4) needs;

      (5) cultural/language basis.

      These are criteria for placement.

   b. If traditional labels (IQ and disabilities) were selected, the assessments are used to assess IQ level and disabilities.

   c. State policy most likely dictates placement by IQ. It often establishes type of setting as well as number of students in that setting. Severely handicapped students have not been included in all guides. If not, establish your own on a trial-and-error basis. The trial basis should allow for the seemingly most favorable learning environment.

   d. Criteria must be established for placement in a "setting." Setting is defined as an available facility with particular physical facilities, staff and unique instructional goals. Some examples:

      (1) If the IQ falls below 35, allow for no more than three students, ages 5 to 10, per one adult.

      (2) If the IQ falls below 35 and bizarre behavior is a complication, select an appropriate setting, select a staff well versed on the reversal of disruptive behaviors and behavior management.

      (3) Physically handicapped students with an IQ below 45 must have one adult to every two students. They should be housed in a school that is equipped with ramps, rail support bathrooms and wide hallways.

e. Know the uniqueness of programs within a setting.

  (1) Staffing patterns vary between self-contained, teamed or individual programs.

  (2) Curricula differ.

  (3) Instructional approaches differ from the hospital type setting, to therapy, to training, to social instruction, to academic instruction.

f. Take into account the established criteria, the needs indicated by appraisal, and then consider possible placement.

  (1) Will the identified child need many adults constantly? Will he adapt to a self-contained or to a team setting?

  (2) Which curriculum does appraisal indicate he would benefit from?

  (3) Which instructional approach does appraisal indicate would be most successful with the child?

9. Establish a method for applying assessment results for programming.

  a. Insist that all assessments end in an "educational prognosis." These should be tentative, flexible and indicate a general direction, the need for correction, protection, prevention, training, etc., and possible alternatives.

  b. Look at the performance, psychological and other relevant areas. With parents, define long-range goals for the student.

  c. Look at the medical and ancillary results; these may define limitations. ("John is unable--at this time--to produce sounds." "Sherie is unable to sit up--at this time.")

  d. Select an alternative for this limitation at the present time. ("John will use a communication board and be taught simple methods of manual communication." "Sherie will be fitted to an adaptive wheelchair to support her body at all times. The first objective will be to stimulate a sitting posture.")

e. Decide immediate objectives. These are first priority needs established through appraisal by parents and professionals. ("John will learn the manual sign for bathroom." "Sherie will lift her chin from her chest.")

f. Decide whose responsibility it is to implement the immediate objective.

g. Decide whose responsibility it is to design the curriculum to follow consistently to the long-range goals. A programming advocate may be assigned.

h. Make plans and set dates to implement, check, and then evaluate progress.

10. Establish a method for applying apprisal results to determine support capabilities and the necessity for internal and external support.

a. Utilize "Family Appraisal" to determine parents' capability of supporting educational objectives and other corrective measures. (Capabilities are defined as financial and educational as well as attitudinal.)

b. Look at limitations. Evaluate suggested correction, therapy and training.

c. Determine what support parents will give for correction, therapy and training.

Examples:

(1) Eric needs a hearing aid. His family wants to buy and is able to buy the aid.

(2) Lew needs water therapy to assist in his mobility. A clinic in his grandparents' town has the facility to give this therapy; Lew's parents will take him there for the summer. Outside financial assistance will be sought.

(3) The school is working on eliminating Beth Ann's head banging. The program to be used is totally behavior modification, and her parents feel inadequate in the use of this technique. A support consultant will work in the home with them until they are ready to operate on their own.

(4) The Ellis' are unable to pay for additional medication and operations for their profoundly retarded son. Outside financial assistance will be sought.

d. Determine what internal support the school system will give for correction, therapy, and training.

Examples:

(1) The adapted wheelchair for Sherie will be supplied by the school. She will be in a receptive position to learn.

(2) One school in the district has a physical therapist. Sherie will receive therapeutic assistance in her efforts to sit.

(3) A resource consultant in the school district will be a liaison for teachers and parents, training them in the correct procedures to use with Sherie.

e. Determine what additional support from external sources will be necessary to facilitate full services for each child.

(1) Will modified transportation be necessary?

(2) Will financial support be necessary from public or private agencies?

(3) Will a clinic have to supply therapy?

(4) Will psychiatric therapy be necessary through a mental health clinic for the child and/or his parents?

(5) Will an alternative placement be necessary in a foster home or by adoption?

(6) Will the child need an advocate, big brother or other supportive people?

11. Decide what preventive, correctional, therapeutic, and training measures will be necessary.

a. A group decision determines the needs and sources.

b. Parents are key members of this team.

c. A coordinator or advocate is made responsible for the implementation of these measures. The coordinator may or may not be the parents.

d. Implement the decided measures.

e. Reassess the usefulness and effectiveness.

12. Establish a method for recording results.

a. Design a recording file system.

b. Include a section for each assessment category that you have selected.

c. Make a decision about the inclusion of other items, such as release forms, letters, school application forms, notes from teachers, report cards, performance summaries.

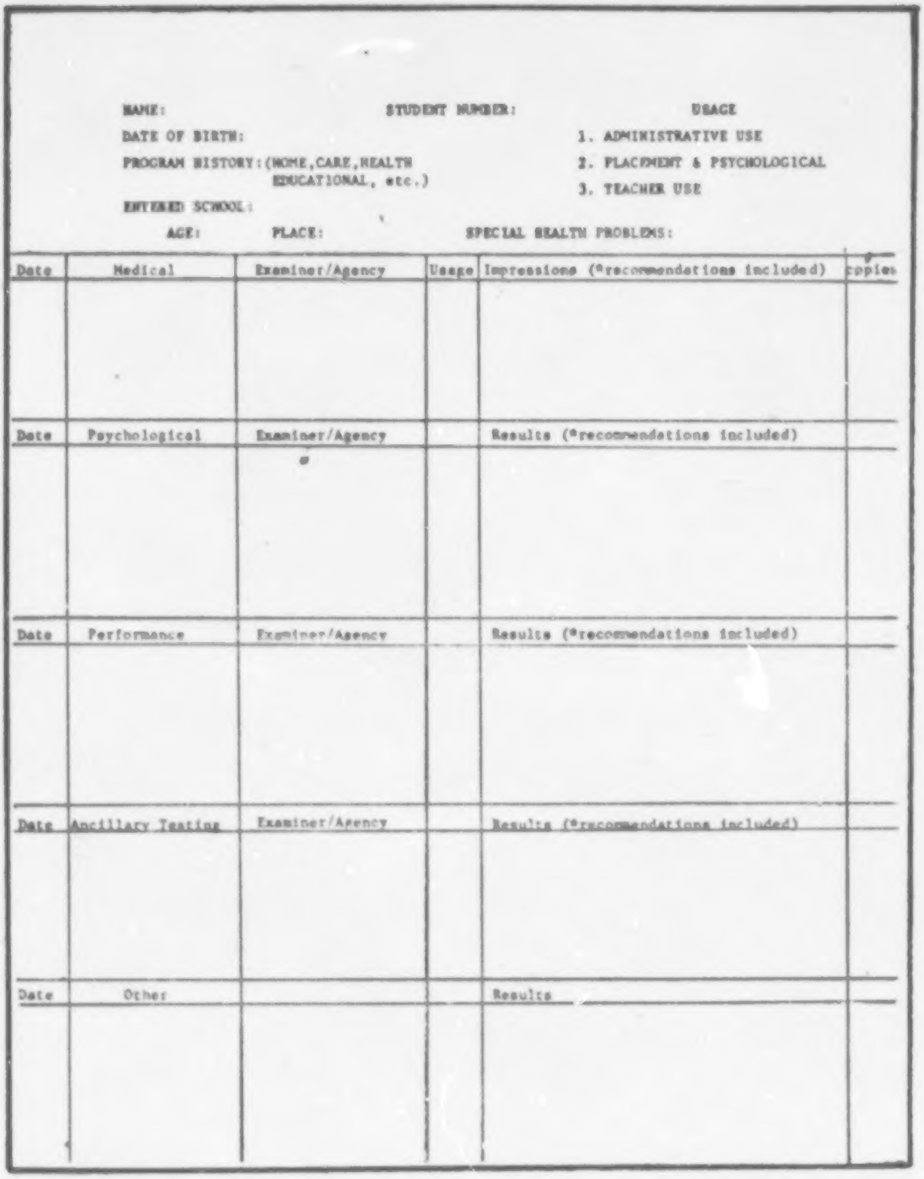
d. Consider a summary cover page that would include outcomes and information that needs to stand out at first glance. Such items may include: medication, who can and cannot pick up the child, name, phone number, age. One example of a cover sheet is on the following page. As each appraisal is made, a brief summary can be written in the appropriate section of the cover sheet.

e. Establish a consistent order to be used in all children's files. The total folder might include a current snapshot of the student. Each categorical section would be indexed with the most recent report placed on the top. The contents may be attached to the folder by a two-hole clasp. See example.

f. Remember to date every entry.

g. Consider the new confidentiality laws. Nothing should be recorded that would be offensive or derogatory. Access to the files is limited, but parents have the right to see their child's files and to receive copies if they so desire. Obtain a copy of the Right to Privacy Act (the Buckley Amendment) and be certain your school is in compliance with the confidentiality requirements. Call your Congressman's or Senator's office to obtain a copy of this law if your school does not have it.

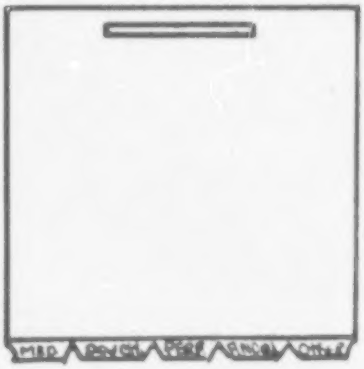
Sample of Summary Sheet for Cumulative Folder



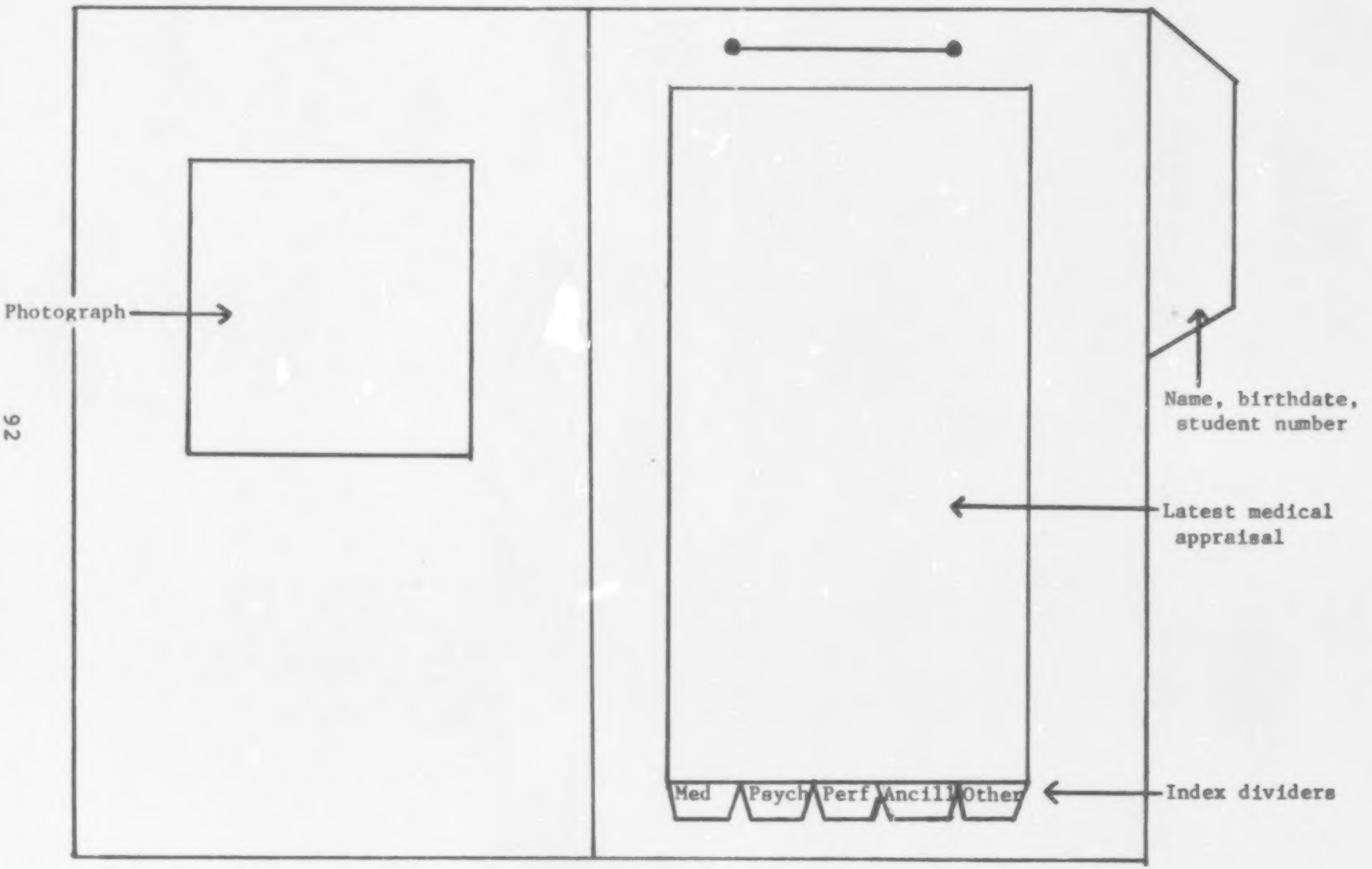
NAME:
STUDENT NUMBER:
DATE OF BIRTH:
PROGRAM HISTORY: (HOME, CARE, HEALTH EDUCATIONAL, etc.)
ENTERED SCHOOL:
AGE:
PLACE:
SPECIAL HEALTH PROBLEMS:

USAGE
1. ADMINISTRATIVE USE
2. PLACEMENT & PSYCHOLOGICAL
3. TEACHER USE

Date	Medical	Examiner/Agency	Usage	Impressions (*recommendations included)	copies
Date	Psychological	Examiner/Agency		Results (*recommendations included)	
Date	Performance	Examiner/Agency		Results (*recommendations included)	
Date	Ancillary Testing	Examiner/Agency		Results (*recommendations included)	
Date	Other			Results	



Sample of Cumulative Folder Organization


Photograph
Name, birthdate, student number
Latest medical appraisal
Index dividers
Med
Psych
Perf
Ancill
Other

h. Consider Matching Performance Summary page which would include the school curriculum in short, to be marked as each task is completed.

Example:

	cannot	accomplished
Mobility		
rolls over	11-10-75	12-22-75
sits	12-22-75	2-16-76
sits 5 minutes	2-16-76	
Self care		
sips through straw	11-10-75	11-18-75
eats mushy foods	11-18-75	1-23-76
eats finger foods	1-23-76	

13. Establish a procedure for continually updating and reassessing students.

    a. Appoint someone to be responsible for updating files and checking times for reassessment.

    b. Select an arbitrary timeline for reassessment. It should be flexible enough that any referral or need for reassessment may be fulfilled.

    c. Some possible time frames may be:

        (1) Medical. It is recommended by physicians that everyone have a yearly checkup. Certainly this should be the case for severely involved students. A complete medical work-up is quite elaborate and expensive, however. A detailed work-up every five years may be considered because it represents "typical" changes programatically; this could be at ages twelve years (prepuberty), seventeen years and twenty-two years (post-school). Those students who are orthopedically handicapped will need to have the timeline established by their physicians.

(2) Psychological. Three years is typically the established criterion. Evaluation of the relevancy of this procedure may be helpful for use with severely retarded students. Even if the IQ score changed as much as 10 points, what would that imply? Would a developmental assessment every three years be more relevant? Is three years too long?

(3) Speech and Hearing and other Ancillary Services. The timeline on these appraisals would depend on the needs of individual students and on the availability of the services. A child receiving therapy for speech or hearing would be continually appraised. A child with no language would need ongoing, consistent appraisal if alternatives are being used. A child with normal hearing and speech may only need a complete appraisal coinciding with the medical examination. Informal language assessment should be a constant in an educational program for the severely handicapped.

(4) Performance. Performance appraisal occurs before, during and after instruction. However, formal measures should be used at least once a year. The use of formal measures once a month or even three times a year would be better.

(5) Social Appraisal. This should precede programming and support should be constant. An anecdotal report of social service must be up-dated after each service.

14. Draw up a management format to implement all actions detailed in the previous steps.

15. Make sure the procedures, policies, criteria and responsibilities are spelled out.

16. Launch Appraisal Services.

Supplement 8:1

Early Childhood Assessment List[7]

Table I

	AGES IN MONTHS					
TESTS	0-12	12-24	24-36	36-48	48-60	60-over
ABC Inventory		x	x	x	x	x
Animal Crackers					x	x
Assessment of Children's Language Comprehension			x	x	x	x
Austin Spanish Articulation Test			x	x	x	x
Basic Concept Inventory				x	x	x
Bayley Scales of Infant Development	x	x	x			
Behavioral Developmental Profile	x	x	x	x	x	x
California Preschool Social Competency Scale			x	x	x	x
Carrow Elicited Language Inventory			x	x	x	x
Cattell Infant Intelligence Scale	x	x	x			
Circus				x	x	x
Columbia Mental Maturity Scale				x	x	x
Communicative Evaluation Chart	x	x	x	x	x	
Cooperative Preschool Inventory			x	x	x	x
Denver Developmental Screening Test	x	x	x	x	x	x
Detroit Tests of Learning Aptitude				x	x	x
Developmental Task Analysis			x	x	x	x
Developmental Test of Visual-Motor Integration			x	x	x	x
Developmental Test of Visual Perception			x	x	x	x
French Pictorial Test of Intelligence				x	x	x
Gesell Action Agent Test				x	x	x
Gesell Developmental Schedules	x	x	x	x	x	x
Goldman-Fristoe Test of Articulation			x	x	x	x
Goldman-Fristoe Test of Auditory Discrimination					x	x
Goodenough-Harris Draw-A-Man				x	x	x
Houston Test for Language Development	x	x	x			
Illinois Test of Psycholinguistic Ability			x	x	x	x
Key Math Diagnostic Test				x	x	x
Leiter International Performance Scale			x	x	x	x
McCarthy Scales of Children's Activities			x	x	x	x

---

[7] Tables I and II developed by Northeast Regional Resource Center

	AGES IN MONTHS					
TESTS	0-12	12-24	24-36	36-48	48-60	60-over
Pre-School Screening System				x	x	x
Merrill-Palmer Language Scale		x	x	x	x	x
Minnesota Pre-School Scale		x	x	x	x	x
Movement Skills Survey				x	x	x
Oseretsky Tests of Motor Proficiency					x	x
Peabody Picture Vocabulary Test			x	x	x	x
Physician's Handbook Screening for MBD	x	x	x	x	x	x
Porteus Mazes				x	x	x
Preschool Attainment Record	x	x	x	x	x	x
Preschool Embedded Figures Test				x	x	x
Preschool Language Scale		x	x	x	x	x
Primary Self-Concept Inventory					x	x
Pupil Record of Educational Behavior				x	x	x
Rutgers Drawing Test					x	x
Santa Clara Inventory of Developmental Tasks	x	x	x	x	x	x
Screening Test for Auditory Comprehension of Language				x	x	x
Slosson Intelligence Test					x	x
Stanford-Binet Intelligence Test			x	x	x	x
STEPS					x	x
TARC Assessment System				x	x	x
Templin-Darley Tests of Articulation					x	x
Test for Auditory Comprehension of Language				x	x	x
Tests of Basic Experiences					x	x
Utah Test of Language Development		x	x	x	x	x
Verbal Language Development Scale	x	x	x	x	x	x
Vineland Social Maturity Scale	x	x	x	x	x	x
Wechsler Preschool & Primary Scale					x	x
Winterhaven Test					x	x
Y.E.M.R.				x	x	x
Yellow Brick Road				x	x	x

Early Childhood Assessment List

Table II

TEST	SCREENING	DIAGNOSTIC	SOCIAL-MEDICAL DEVELOPMENT	AFFECTIVE	COGNITIVE	AUDITORY	VISUAL MOTOR	GROSS MOTOR	SPEECH AND LANGUAGE	BILINGUAL	MATH	
ABC Inventory	x				x							
Animal Crackers	x			x								
Assessment of Children's Language Comprehension		x							x			
Austin Spanish Articulation Test		x							x	x		
Basic Concept Theory	x				x							
Bayley Scales		x	x	x	x		x		x			
Behavioral Developmental Profile		x	x	x			x		x			
California Preschool Social Competency Scale		x		x								
Carrow Elicited Language Inventory		x							x	x		
Cattell Infant Intelligence Scale		x			x							
Circus	x	x	x	x	x	x	x	x			x	
Columbia Mental Maturity Scale		x			x					x		
Communicative Evaluation Chart	x						x					
Cooperative Preschool Inventory	x				x		x					
Denver Developmental Screening	x			x			x		x			
Detroit Tests of Learning Aptitude		x		x	x	x	x		x		x	
Developmental Task Analysis		x	x		x		x	x	x			
Developmental Test of Visual-Motor Integration		x					x					
Developmental Test of Visual Perception		x					x					
French Pictorial Test of Intelligence		x			x				x			
Gesell Action Agent Test		x		x	x		x		x			
Gesell Developmental Schedules		x		x	x		x		x			
Goldman-Fristoe Test of Articulation		x							x			
Goldman-Fristoe Test of Auditory Discrimination		x				x			x			
Goodenough - Harris Draw-A-Man		x			x							
Houston Test for Language Development		x							x			

TEST	SCREENING	DIAGNOSTIC	SOCIAL-MEDICAL DEVELOPMENT	AFFECTIVE	COGNITIVE	AUDITORY	VISUAL MOTOR	GROSS MOTOR	SPEECH AND LANGUAGE	BILINGUAL	MATH	
I.T.P.A.		x			x	x	x		x			
• Key Math Diagnostic Test		x									x	
Leiter		x			x	x			x	x		
McCarthy Scales		x			x		x	x	x		x	
Preschool Screening Sys	x		x		x		x	x	x			
Merrill-Palmer Language Scale		x				x			x			
Minnesota Preschool Scale		x			x							
Movement Skills Survey	x	x						x				
Oseretsky Tests of Motor Proficiency		x						x				
Peabody Picture Vocabulary		x			x				x			
Porteus Mazes		x					x					
Preschool Attainment Record		x		x	x			x				
Preschool Embedded Figures Test		x			x		x					
Preschool Language Scale		x							x			
Primary Self-Concept Inventory		x		x								
PREB		x			x	x	x	x	x		x	
Rutgers Drawing Test	x						x			x		
Santa Clara Inventory	x				x	x	x	x				
Screening Test for Auditory Comprehension of Language	x					x			x	x		
Slosson Intelligence Test	x				x							
Stanford - Binet		x			x				x			
STEPS	x				x				x			
TARC Assessment System	x			x				x	x			
Templin-Darley Test of Articulation	x	x							x			
Test for Auditory Comprehension of Language		x				x			x	x		
T.O.B.[illegible]	x			x	x				x	x	x	
Utah Test of Language Development		x				x			x			

TEST	SCREENING	DIAGNOSTIC	SOCIAL-MEDICAL DEVELOPMENT	AFFECTIVE	COGNITIVE	AUDITORY	VISUAL MOTOR	GROSS MOTOR	SPEECH AND LANGUAGE	BILINGUAL	MATH	
Verbal Language Development Scale		x							x			
Vineland		x	x	x								
WPPSI		x			x							
Winterhaven Test	x						x					
YEMR	x			x	x		x	x				
Yellow Brick Road		x		x		x	x	x	x			

99

BIBLIOGRAPHY

ELEMENT 8: Utilization and Application of Appraisal

Alpern, Gerald D., and Boll, Thomas J. *Developmental profile*. Indianapolis: Psychological Development Publications, 1972.

Anastasi, A. *Psychological testing*. (3rd ed.) New York: The MacMillan Company, 1968.

DiNola, Alfred J., Kaminsky, Bernard P., and Sternfeld, Allen E. *T.M.R. performance profile for the severely and moderately retarded: Teacher's manual*. Ridgefield, N.J.: Reporting Service for Children, 1968.

Early childhood assessment list. Hightstown, N.J.: Northeast Regional Resource Center, Hightstown, N.J., 1975.

Gorham, Kathryn A. A lost generation of parents. *Exceptional Children*, May, 1975, 521-525.

Harris, D.B. *Children's drawings as measures of intellectual maturity*. San Francisco: Harcourt, Brace & World, 1963.

Hobbs, N. *Issues in the classification of children*. Vol. II. San Francisco: Jossey-Bass, 1975.

Keppitz, E.M. *The bender gestalt test for young children*. New York: Grune and Stratton, 1971.

Mercer, J.R. *Labeling the mentally retarded*. Berkeley: University of California Press, 1973.

Oregon State System of Higher Education, Teaching Research Infant and Child Center Staff. *The teaching research curriculum for moderately and severely handicapped*. Monmouth: OSSHE, TRICCS, 1975.

Pima County Special Services Cooperative. *Program alternatives for special services*. Tucson: PCSSC, 1975.

Stephens, B. (Ed.) *Training the developmentally young*. New York: The John Day Company, 1971.

University of Utah, Rocky Mountain Regional Resource Center. *Information for inservice training development: A collection from field efforts of the RMRRC*. Salt Lake City: University of Utah, RMRRC, 1975.

B. Implementation

ELEMENT 9: STUDENT PLACEMENT MATCH

Element Definition: This element defines a system for receiving a referred handicapped student and utilizing his appraisal information to match the handicapped student with the most appropriate facility, instructional program and/or support service.

Consideration and Justification: Once a handicapped child receives a complete appraisal, it is most important that he be placed in an appropriate program. The appraisal results should determine placement. Frequently the student is placed into an instructional program by age, sex, or because of his particular physical characteristics. Sometimes he is placed because of available class space or to be instructed by a particular teacher. Such reasons are important in total placement. However, a complete appraisal gives in-depth information that should be used in determining placement. Relevant medical information may be the amount and kind of medication, frequency and duration of seizures, and heart and respiratory problems. Psychological information, such as total IQ and sub-test scores, student drawing, etc., would indicate the severity of handicaps as well as the learning potential of the student. Past and present achievement level would influence student placement in an instructional program. Other considerations may be auditory problems, visual acuity, or language level. Parents should have an active part in the educational placement of their handicapped child. It is important to examine the student's file for indications of past appraisals and programs that have or have not been effective.

It is assumed that the appraisal process (ELEMENT 8) has been completed, and you have the information needed to help make the most appropriate student-placement match. However, before placement can be made, consider placement alternatives. Refer back to ELEMENT 3, School and Physical Facilities, for your identified placement alternatives. Placement would depend upon the location of the school, the type of program offered, available space, and cost. If there is not a facility in the area where the handicapped student lives, then consider a residential facility or foster home placement near a special school.

Outcome: The placement of severely handicapped students in the most suitable educational facilities for initiation of a "full-range of services."

Components:

1. Referral: A system for receiving identification information.
2. Placement evaluation: A method of evaluating appraisal information that would indicate placement.
3. Placement: A system for utilization of appraisal information and matching of a student with the most appropriate facility, instructional program, and supporting service.

Element Inventory

The following questions will help in evaluating the child-placement match:

1. What is your system for receiving information about identified handicapped students?

2. What occurs in a placement evaluation?

3. What is your system (or basis) for matching a child to instructional settings, programs, and supportive services?

Task Analysis:

Referral System

1. Develop referral forms. (See Supplement 9:1 for examples of referral forms.)

2. Select a referral sequence.

    a. Who can originate a referral?

    b. Who does it go to?

    c. When does it end?

3. Collect and organize all appraisal information.

4. Determine who will be involved in the placement evaluation. Those who might be on the placement committee are an educator, psychologist, social worker, parents of the child, medical doctor, a knowledgeable advocate, or anyone who has participated in the appraisal.

Placement Evaluation

1. Select time and schedule place for placement evaluation meeting; notify members of placement committee.

2. Collect all appraisal information.

3. Have each member of committee report his assessment results and impressions.

4. Analyze diagnostic impressions to determine placement criteria:

    a. correction, therapy;

    b. prevention, medications;

    c. limitations, restrictions;

    d. education;

    e. alternative residential placement;

    f. program, goals.

5. Select case manager, coordinator or director.

6. Consider placement and facility alternatives.

Placement

From ELEMENT 3, School and Physical Facilities, you have gathered information as to available educational facilities. These include regular schools, special schools, private schools, clinic schools and residential institutions. There may be several of each facility in the area. The following is an outline of considerations in the student-placement match:

1. Determine if it is feasible for the child to remain at home. Consider the following:
    a. Are there suitable facilities near the handicapped student's home?
    b. Do the parents wish to place their child in a more adequate facility other than what is available in the area?
    c. Do the parents want their child to live in a home rather than in an institution?
    d. Is this child neglected or battered?
    e. Do the parents feel that the presence of a handicapped child in their home is causing a stressful situation that they cannot handle?
2. If, for any of the reasons above, an alternative placement is necessary, consider the following:
    a. foster home placement;
    b. placement in the home of a relative;
    c. weekly day-care arrangements;
    d. institutional placement.

    Then determine educational placement.
3. Considerations in regular school placement.
    a. Programs are available in the regular school.
    b. No special schools are available.
    c. Parents want their child to live at home.
    d. The parents are able to give needed support to the child.

e. The condition of the handicapped child does not require clinical or other special school placement.

f. Parents are unable to pay private school tuition.

g. The program at the school matches child's programmatic needs.

4. Consideration in special school placement.

    a. There is a suitable special school near child's home or foster home.

        (1) Programs are available to match needs of the child.

        (2) Curriculum specialists are available to design a unique program.

        (3) Facilities and equipment are available to match child's needs.

        (4) There are therapists or other staff members to match child's needs.

        (5) The child can adapt to the social environment.

        (6) The time scheduling is adequate for the child's needs.

    b. Parents want their child to live at home.

    c. Parents are able to give needed support to the child.

    d. The condition of the handicapped child does not require clinic placement.

    e. Parents are unable to pay private school tuition.

5. Considerations in private school placements.

    a. The private school is near the home or foster home.

    b. The parents are able to pay tuition or the state or district will contract to pay tuition.

c. The private school specializes in working with children who have particular handicaps.

d. The condition of child does not require clinical or other special school placement.

e. There is a low teacher-student ratio.

6. Considerations in clinic school placement.

    a. There is a clinic school near the home or the foster home.

    b. The parents feel that the presence of a handicapped child in their home is causing a stressful situation that they cannot handle.

    c. The handicapped child is neglected or battered.

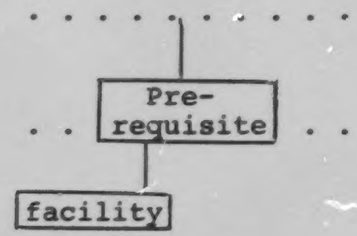
    d. A special handicap requires twenty-four hour residential care.

    e. Parents are unable to pay private school tuition.

    f. There is an educational program to match the child's needs.

    g. There is a therapeutic program to match the child's needs.

7. The chart on the following page presents a graphic picture of the total placement procedure. The child-placement match is more than just placing a child in a school or facility. It is the selection of a particular school or facility and a particular program in that school which would be a positive force in lifting the child to the highest point possible. Develop a similar flow chart for placement within your system. Proceed with each placement with prerequisite criteria.



Supplement 9:1

FOR PUPIL PERSONNEL USE ONLY

Previous Referral ____________

Worker ____________

Date Assigned ____________

JORDAN SCHOOL DISTRICT

9361 South 400 East
SANDY, UTAH 84070

REQUEST FOR PUPIL PERSONNEL SERVICES

FOR PUPIL PERSONNEL USE ONLY

FILE CARD ☐
TESTING ☐
VISI CARD ☐

Complete All Items in This Section: **Date of Referral** ____________

STUDENT'S NAME ____________ Sex ______ Age ______ Birthdate ____________

Address ____________ Home Telephone ____________

Father's Name ____________ Employment ____________ Telephone ____________

Mother's Name ____________ Employment ____________ Telephone ____________

Guardian's Name ____________ Employment ____________ Telephone ____________

Relationship of Guardian to Child ____________ Child Lives With ____________

Education: Father ____________ Mother ____________ Religion: ____________

Names and Ages of Brothers and Sisters ____________

School ____________ Grade ______

Teacher's Name ____________ Counselor's Name ____________

Days belonging ____________ Excused Absences ____________ Unexcused Absences ____________

Truancy (Part Day) ____________ Truancy (Full Day) ____________ Times Tardy ____________

Current Academic Standing: ____________

Have Parents Been Contacted About This Referral? Yes____ No____

SERVICE REQUESTED

Attendance ☐
Director's ☐
Nursing ☐
Psychological ☐
Speech and/or Hearing ☐
Home Instruction ☐
Special Education ☐
Social Work ☐

Please complete the appropriate sections below and add detailed comments describing the student's behavior.

STUDENT'S SCHOLASTIC APTITUDE TEST
(Most recent test)

Name of Test	Date	IQ Score	Percentile Rank

STUDENT'S GENERAL ACHIEVEMENT TEST
(Most recent standardized test)

Name of Test	Date	Grade	Equiv. Grade	Percentile Rank

SOCIAL WORK/PSYCHOLOGICAL SERVICES

(Check all that apply and add detailed comments below)

1.______School Achievement Below Ability
2.______Excessive Fears Anxiety, Crying
3.______Shy, Withdrawn, Over Dependent
4.______Extreme Restlessness
5.______Fabricating Stories, Lying
6.______Aggressive, Hostile Behavior
7.______Conflict with Authority
8.______Difficulty with Other Children
9.______Problem of Mental or Physical Differences
10.______Evidence of Parental Neglect
11.______Illness Without Apparent Physical Cause
12.______Economic Need
13.______Parent Request
14.______Grade Placement
15.______Other ____________

ATTENDANCE SERVICE

(Check and add detailed comments below)

1.______That said child is habitually truant from school (or home) in defiance of earnest and persistent efforts on the part of his teachers (or parents) or while in attendance at school is vicious, immoral or ungovernable in conduct and is, therefore, incorrigible in that . . .

2.______That said child did deport himself as to injure or endanger the health or morals of himself or others in that . . .

3.______That said child lacks proper parental care by reason of the faults or habits of his parents, guardian or custodian to-wit . . .

NURSING SERVICES

1.______Physical Handicap
2.______Other Health Problems

SPECIAL EDUCATION SERVICES

1.______Mentally Handicapped
2.______Physically Handicapped
3.______Emotionally Handicapped
4.______Partially Seeing
5.______Deaf
6.______Blind
7.______Remedial
8.______Other

HOME INSTRUCTION

(Schools Complete First Three Items and Refer Immediately To Pupil Personnel)
(Secondary Schools: Prepare Assignment Sheet)

Disability ____________
Physician ____________
Nurse ____________
Approval ____________
Date Assigned ____________
Termination Date ____________

WHAT SCHOOL RESOURCES HAVE BEEN UTILIZED TO ASSIST THIS STUDENT? ____________

COMMENTS AND RECOMMENDATIONS:

Murray City School Distict
Murray, Utah

CASE REFERRAL

DEPARTMENT OF PUPIL PERSONNEL

Student's Name .... School .... Date ....
Address .... Grade .... Room No. ....
Parent or Guardian's Name .... Phone No. ....
Causes of Referral: (1) Vision .... (2) Hearing .... (3) Speech .... (4) Home Teaching ....
(5) Absence .... Number of days absent this year .... Last day of attendance .... Other ....
Specify ....
....
....
Comments ....

Principal ....

Original and duplicate to be sent to Department of Pupil Personnel (white and yellow).
Triplicate to be filed by reporting Principal (pink).

DISPOSITION OF REFERRAL

Date and explanation of action taken ....
....
....
....
Recommendation ....
....
....
....

.... Date

.... Pupil Personnel Supervisor

(Ed. Note: This form is currently being revised to include child's birthdate and a box for the principal to check which will confirm that written parental consent has been obtained.)

Supplement 9:2

Case Studies

The following examples are provided for your consideration of the child-placement match.

Jane, a four-and-a-half year-old Down's syndrome child, is at the age where her parents are thinking about some kind of educational program. She has no expressive language, limited receptive language, she cannot feed or dress herself, and she is just learning to walk. The parents are active members of the placement committee. After a thorough study of the assessment information by the placement committee, three alternatives appeared available:

> Jane could stay at home with little or no education since the local elementary school was unable to offer any type of program; she could be placed in the state institution; foster-home placement near a special school could be arranged.

The placement evaluation committee selected the foster home placement near a special school for the following reasons:

> Jane's home was over 100 miles from a special school; available foster parents had been trained to work with handicapped children; Jane could come home for weekends and vacations.

The institution was not chosen because:

> The institution was more custodial than educational; there was a long waiting list; the institution was twice as far from home as the special school.

Leaving Jane at home was not seriously considered even though the parents felt that they did not want to have their child live away from home.

Tommy is severely retarded and deaf. His parents were opposed to foster home placement and to institutionalization. The district Tommy lived in did not have an appropriate placement for him. The district agreed, however, to support Tommy's attendance at a special school about fifty miles from the family home, but could not support the transportation costs.

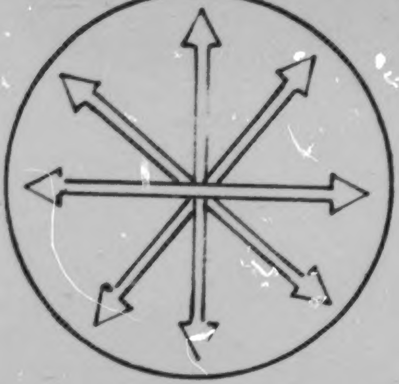
Tommy's mother took a job as an aide at the special school so she could drive Tommy to and from school. The family views this as a temporary solution since it is disruptive to other family members, and the parents are working to get adequate services for Tommy in their home town. Through employment at the special school, however, Tommy's mother has learned more effective ways to help Tommy learn, she has daily contact with his teacher, and she has met many parents whose children have equally severe handicaps. Even though the placement alternative is not ideal, both Tommy and his mother have benefited.

BIBLIOGRAPHY

ELEMENT 9: Student Placement Match

Cain, L.F. et al. *Study of the effect of special day training classes for the severely mentally retarded*. San Francisco: San Francisco State College, 1958.

Dunn, L. and Hotlel, J.V. *The effectiveness of special day class training programs for severely (trainable) mentally retarded children*. Nashville, Tenn.: George Peabody College for Teachers, 1958.



B. Implementation

ELEMENT 10: STRUCTURE OF INSTRUCTION

Element Definition: This element discusses the method by which teachers relate to and are grouped with pupils. It also speaks to the way pupils progress through the school program.

Consideration and Justification: Planning for teaching and planning for learning are prerequisite to effective instruction. A program contains content (ELEMENT 13) and instruction --which is composed of two parts: operational methodology (ELEMENT 12) and structural process.[8] This element deals with the structural process. Structure encompasses the arrangements made for teaching. It is the philosophical "walls and hallways" behind which and through which students progress and advance. "Progress systems" are unique considerations for the severely handicapped. Regular education, regardless of the horizontal structure, advances in one manner--on a graded level. Promotion is made by grade levels or by completion of graded materials. No one structural system is best in all circumstances, but for the severely handicapped, the structural system must be based on the needs of the students. What should result is a program that is more precise, objective, humanistic and yet accountable.

Outcome: Establishment of a philosophical design for horizontal, vertical and diagonal structures that can be implemented in a program for severely handicapped students.

Components:

1. Horizontal structure: A method by which students and teachers are grouped and organized.
2. Vertical structure: A method by which students progress through a program.
3. Diagonal structure: A method by which students outside the typical school program receive instruction and educationally progress.

---

[8] This organization is based on a series of individualized learning modules developed by Lloyd E. McCleary, University of Utah. See the Bibliographies in Elements 10 and 12.

Element Inventory

1. What are the horizontal structural modes used presently in your programs for severely retarded students?

2. What are the vertical structural modes? How do severely handicapped students progress?

3. What structures are others using for the severely handicapped that you may consider implementing?

4. How do students outside the typical school program relate to teachers, receive instruction, and progress educationally?

Task Analysis

1. Know the possible alternatives for horizontal structure.

Alternatives

A. Learning Facility

1. Typical elementary school with individual classrooms
2. Open school
3. Pod-concept school

B. Learner - Group Basis

1. Homogeneous, by:
    - a. age
    - b. ability
    - c. intelligence quotient
    - d. achievement
    - e. sex
    - f. disability
2. Heterogeneous

C. Teacher-Learner Organization

1. Self-contained
    - a. individual class curriculum
    - b. school core curriculum
2. Team-teaching, with:
    - a. house plan
    - b. unit plan
    - c. child plan

    teamed by:
    - a. departmentalization
    - b. child groups

D. Learner - Learning Groups

1. Large groups
2. Small groups
3. Individualized

Definitions of Alternatives Presented on Preceding Chart

A. Learning Facility

1. Typical Elementary School is a structure with traditionally standard individual classrooms for individual teachers.

2. Open School is a facility without defined classrooms, hallways, or interior barriers.

3. Pod-concept is a facility without traditional walls; students are placed in one of several defined learning areas.

B. Learning Group Basis

1. Homogeneous defines a grouping that is uniform, similar or congruous in structure. Grouped by:

    a. age: for the handicapped, this usually includes one, two, three or four-year age range;

    b. ability: on assessed potential;

    c. intelligence quotient: on appraised status;

    d. achievement: on accomplishment of a set program or criterion;

    e. sex: some older handicapped students are grouped in this manner;

    f. disability: children with similar disabilities such as emotional disturbance, cerebral palsy, nonverbalness, or self-destructiveness are sometimes grouped together.

2. Heterogeneous means grouped by unlike or dissimilar characteristics. Often handicapped students grouped heterogeneously have some common link. However, distinguishing particular homogeneous characteristics is not the main emphasis for that grouping.

C. Teacher-Learner Organization

1. Self-contained usually means that one teacher has the primary responsibility for the total education of one group of students.

   a. Individual class curriculum infers that the design or content depends entirely on the teacher.

   b. School core curriculum infers that all teachers use the same curriculum throughout the school and modify it for their individual use.

2. Team-teaching is the utilization of several staff members who share the responsibility for the total education. Staff teams may be drawn from:

   a. house plan: the entire school is involved in teaming;

   b. unit plan: several teachers team for a few groups;

   c. child plan: teachers and support team members have unique training patterns for each child.

   Responsibility for the team may be defined by:

   a. departmentalization, where each staff member takes a course, subject, skill or therapy unit to teach to several groups of students;

   b. child groups, where assignments are made relative to children, with subject as a secondary consideration.

2. Know the possible alternatives for vertical structures.

   a. Progression:

      (1) graded: promotion is made by age;

      (2) multigrading: achievement is measured on several separate measures;

    (3) nongraded: individuals have continuous progression based on a curricular or developmental scale.

b. Graduation is the ending of the formal school experience. The bases for deciding when graduation should occur include:

    (1) age: free public education for the handicapped may stop at the age determined by state legislation. This may range from age sixteen to thirty or more;

    (2) achievement: for graduation this is based simply on the accomplishment of a set of criteria or goals;

    (3) program: graduation for the handicapped means the student may leave formal instruction when it is felt he is ready for an ensuing activity or when there is an opening position in another program.

3. Consider legislation that states that no student can be excluded from a free public education.

4. Adapt the known alternative structures to your capabilities and needs. Following is a chart that shows the structure of four special schools from four school districts in Utah. All four schools serve the moderately and severely handicapped. Study the chart.

5. A school's philosophy is reflected in the horizontal and vertical structure of the school. Note, however, that operational structure does not always fit the design of the facility. Strong, efficient administration can facilitate harmonious structure. In school X for example, the administrators set up team teaching and open classroom movement while still housed in a typical elementary school. The move to a new open school was easily accomplished.

6. Extend the chart and complete it for your operating facilities or those with which you are familiar.

7. Talk to teachers, parents, and administrators and get their reaction to the structure effectiveness.

8. Evaluate operating facilities

    a. Does the facility reflect district and school philosophies?

HORIZONTAL AND VERTICAL STRUCTURE OF FOUR SCHOOLS

		W	X	Y	Z
I.	**Facility**	Typical public school with some adaptation (wading pool, beauty parlor).	Open school with special adaptation (full-size pool, shop).	Open school with mobile dividers.	Four-pod school, each a separate open school arena.
II.	**Horizontal structure** A. Teacher-Learner	Self-contained classroom.	Team-teaching, 4-5 adults to 10-20 students.	Self-contained classes; severely handicapped of all ages; team teaching. One adult to 10-15 students.	Four pods for team teaching (4 adults to 20 students); operates as self-contained (1 adult to 15-20 students).
	B. Learner Group Basis:	*Homogeneous: age, sex, IQ, disability. Heterogeneous.	*Homogeneous: ability, achievement. Heterogeneous.	*Homogeneous: IQ, age. Heterogeneous: severely retarded.	*Homogeneous: in pods by IQ and by prognosis. Heterogeneous.
	C. Learning Grouping	*Large groups (10).	*Individualized.	Small groups (5).	Large groups (20).
III.	Vertical structure: (Progression)	Graded, promotion by age.	Nongraded continuous progress.	Graded, promotion by age.	Nongraded, promotion by pod developmental requirements.
	(Graduation)	Age 22.	When ready for post-school.	No set time.	When ready to leave "D" pod.
	(Ensuing activity)	Up to parents.	Workshop.	Sheltered workshop.	Sheltered workshop.
IV.	Operational structure (Time Planning)	No time requirements.	Time precisely planned.	No time requirements.	Time scheduling necessary.
	(Space Consideration)	Need same number of classrooms as groups.	Large space required.	One enclosure for each grouping.	Large, open pods.

*Primary grouping consideration

b. Are the facilities operating as designed?

c. Is the staff utilized efficiently?

d. How do staff members view their utilization?

e. Are groupings consistent with a logical purpose?

f. Can these groupings be defended on the grounds that they meet students' needs and are effective?

g. What learning group structure is being used?

h. Can the purpose for use of the structure be defined and defended?

i. How do students progress through the system?

j. Why is the method used?

k. How does this method affect students, teachers and parents?

l. How do students graduate from the system?

m. Can this method of progression be defined and defended?

n. What plans are made for students' ensuing activities?

o. What are the general results of the structure?

p. Can time and space be better utilized?

q. What changes are needed? Why?

9. Using the same questions, design an appropriate horizontal and vertical structure.

   a. Consider making a mangement chart for horizontal structure. Take various groupings and arrange them with different staffing organizations.

   b. Try flow charting the vertical structure. (Note Supplement 10:1 for an example of the flow chart for school Z.)

10. Know the possible diagonal structures.

Diagonal structure is the method by which students outside the typical school program receive instruction and progress educationally.

a. To receive instruction:

  (1) Transport child to any available facility that will agree to instruct.

  (2) Move child to alternative placement so that he can be instructed:

    (a) weekly residential school and home on week-ends;

    (b) foster home;

    (c) adoptive home;

    (d) institution;

    (e) part-time clinic.

  (3) Send itinerant teacher to child.

  (4) Send trainer to train parents or guardians to instruct child.

  (5) Use video instruction.

  (6) Use telephone for instructions.

  (7) Use any possible combination of above or other methods to allow child to receive instruction.

b. Progression: Progression or vertical structure is difficult to define for severely handicapped students. It is even more difficult to define for those students who are outside of the system. These students will not change teachers yearly, or change groups when they achieve educationally. Continuous progress appears to be the alternative:

  (1) progress by accomplishment of short-range goals;

  (2) Progress by accomplishment of long-range goals.

However, progress in this manner is very abstract for the child to comprehend. To make noticeable changes consider:

(3) progress indicated by change of environment or time for instruction;

(4) progress indicated by change of the teaching team or by inclusion of a new member.

c. Graduation: This is another abstraction. Graduation may be best demonstrated by placement in a sheltered workshop or in a group home or by initiation of a new activity.

11. Connect the diagonal structure to a typical structure. The objective for most students outside the system is to bring them into the system. Often they are excluded because of health and mobility problems or because the system is unable to make adaptation.

a. Determine what would be necessary to bring the child into the system.

b. Set a time-line of events and strategies to make this occur.

c. Elicit the necessary help and resources.

d. Gradually make the adjustments or changes.

Example: Diane is a Down's Syndrome child; she also has a blood disease. Diane attended a special school. When she was fifteen, however, she began to hemorrhage and had to be withdrawn from school. Her parents were told the disease was terminal. Diane was unable physically to receive instruction, and the school made no effort to continue to instruct her. When Diane's condition improved slightly, her mother put her in a wheelchair and took her back to school where she was noticeably more alert and happier. Her parents felt this was significant enough for continued school attendance, so they made arrangements with friends and relatives to assist in taking Diane to school for one hour per day. This was subsequently increased to one-half day. Although her instruction was limited, Diane remained alert. This is one example, not unusual, of the complications involved with severely handicapped students outside the system.

12. Assess your situation. See if any diagonal structures are needed.

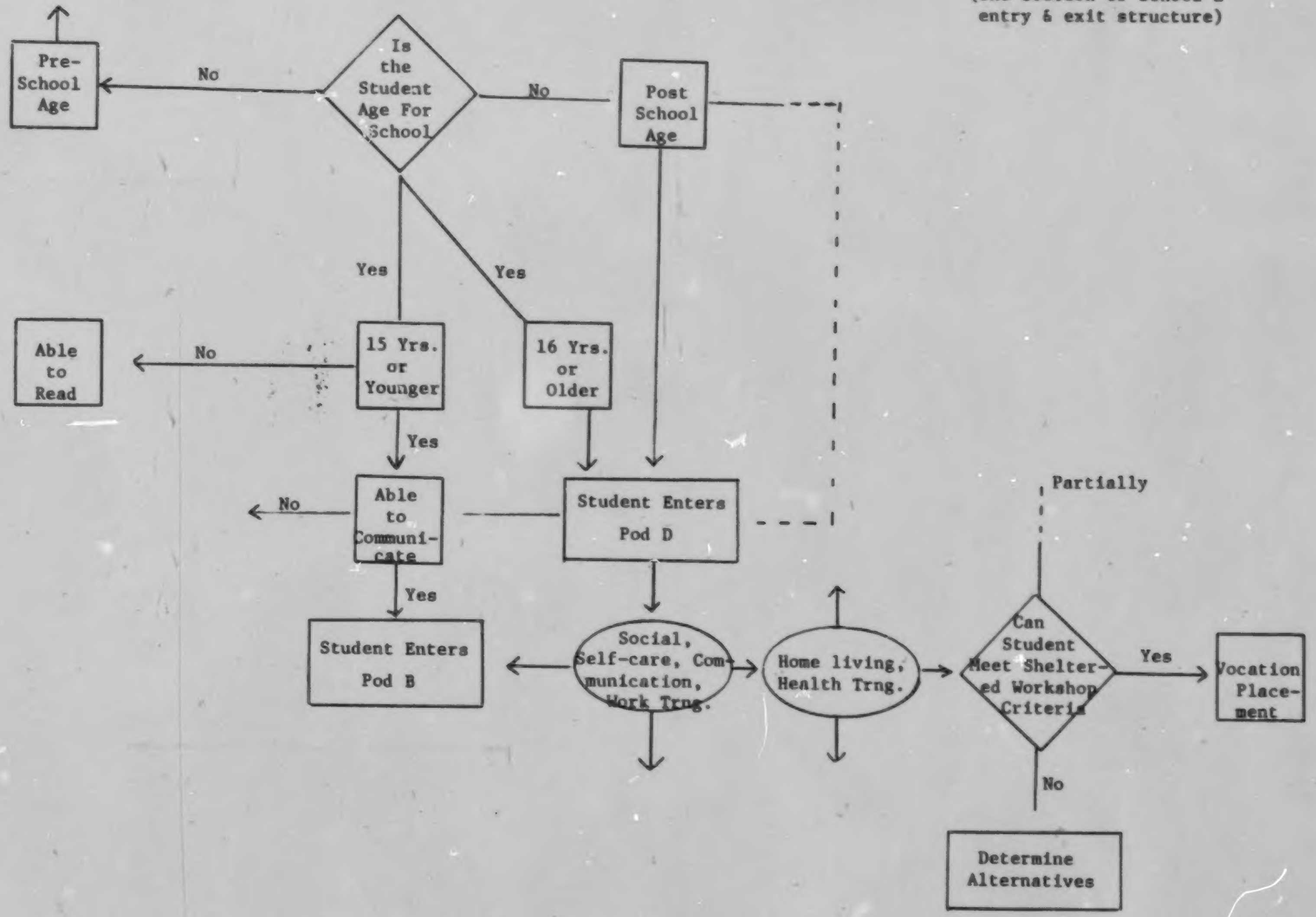
13. If diagonal structures are needed, determine with parents the best possible arrangements.

14. Given a well-defined and defendable horizontal, vertical and diagonal structure, design your program methodology.

SUPPLEMENT 10:1

FLOW CHART OF VERTICAL STRUCTURE

(one section of school Z
entry & exit structure)


Pre-School Age
No
Is the Student Age For School
No
Post School Age
Yes
Yes
Able to Read
No
15 Yrs. or Younger
16 Yrs. or Older
Yes
No
Able to Communicate
Student Enters Pod D
Yes
Student Enters Pod B
Social, Self-care, Communication, Work Trng.
Home living, Health Trng.
Partially
Can Student Meet Sheltered Workshop Criteria
Yes
Vocation Placement
No
Determine Alternatives

BIBLIOGRAPHY

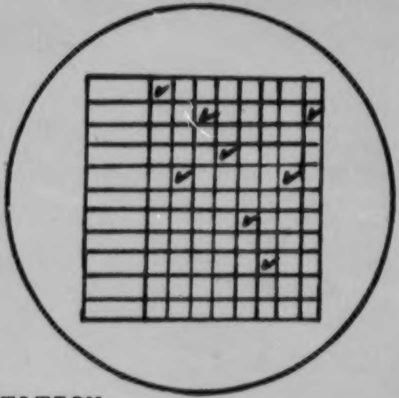
ELEMENT 10: Structure of Instruction

Facilitating educational achievement through telecommunications (FEATT Project). West Lafayette, Ind.: Purdue University, Purdue Achievement Center for Children, July 1974-June 1976.

McCleary, L.E. ILM Learning Modules. Salt Lake City: ILM Publishers, 1975.

Pima County Special Services Cooperative. *Program alternatives for special services*. Tucson, Ariz.: Office of Pima County School Superintendent, PCSSC, 1975.

Rhodes, L. et al. *A language stimulation and reading program for severely retarded mongoloid children: A descriptive report*. California Mental Health Research Monograph No. 11. Sacramento: California State Department of Mental Hygiene, Bureau of Research, 1969.



B. Implementation

ELEMENT 11: STAFF UTILIZATION AND IMPLEMENTATION

Element Definition: This element identifies the staff members who are necessary to complete your model of service.

Consideration and Justification: An instructional facility must select and place staff members for optimal use of their skills. The placement must be one that most positively affects the education of handicapped students.

When selecting and utilizing staff, consider the following:

1. Do you have adequate appraisal services?
2. Do your appraisals include special adaptations for the severely emotionally disturbed, physically handicapped, severely language disordered? Does it consider vocational and life goals for the handicapped?
3. Will education from your staff be relevant to the students' needs?
4. Will an emotionally disturbed child survive in an educational setting without counseling or therapy?
5. Can the cerebral palsied children ambulate? Or will they slump in wheelchairs all day?
6. Will the children receive adequate diets individualized to their extreme health problems?
7. Can instruction occur with nonverbal students?
8. Will your model allow staff members to develop, learn and utilize their strengths?
9. Will the staff have resource assistance when needed?
10. Will your students receive individualized programs and attention?

11. What will be the teacher-student ratio? Consider a ratio of one-to-three for severely handicapped students, and one-to-eight for mildly handicapped students.

Outcome: Determination of effective utilization of present staff, and the need for additional staff members.

Components:

1. Professional certified teachers:
    a. teachers who are certified by your state standards to teach special education;
    b. teachers certified to teach but not in special education.
2. Professional support personnel: Those professional personnel whose primary function is to facilitate special instruction and programming. Diagnostic preliminaries are assumed to be part of their responsibilities:
    a. speech therapist;
    b. audiologist;
    c. language therapist;
    d. physical therapist;
    e. occupational therapist;
    f. dietician;
    g. psychologist;
    h. psychiatrist;
    i. nurse;
    j. developmental therapist;
    k. counselor;
    l. social worker.
3. Paraprofessional staff: Aides, instructional assistants, or foster grandparents who receive remuneration for their employment.

4. Volunteers: Persons who are committed to a regular schedule in a school but who offer services without pay.

5. Administration: Those responsible for the operation of the service and educational programs.

6. Coordinating or supervising consultants: Those who assist administrators by supervising and aiding other staff members in professional growth.

7. Diagnosticians: Those other than the instructional and program professional staff who are primarily responsible for diagnosis.

8. Clerical staff.

Element Inventory

Complete the chart on following page to determine the types of staffing needs for your service and education programs.

You may want to use the Staff Assessment Chart from ELEMENT 6: Staff Resources.

Indicate the number of present staff, and the number of needed staff.

	Numbers	
	Present Staff	Needed Staff
1. Professional certified teachers		
a. certified in special education		
b. other certifications		
2. Professional support personnel		
3. Speech Therapist		
4. Audiologist		
5. Language Therapist		
6. Physical Therapist		
7. Occupational Therapist		
8. Dietician		
9. Psychologist		
10. Psychiatrist		
11. Nurse		
12. Developmental Therapist		
13. Counselor		
14. Social Worker		
15. Paraprofessional Staff		
16. Volunteers		
17. Administration Service		
18. Coordinating or supervising consultants		
19. Diagnosticians		
20. Clerical Staff		

Task Analysis

1. Pull baseline data from ELEMENT 6: Staff Resources.
2. Draw a managerial chart by school or service model and by present position. See suggested staffing form on the following pages.
3. Fill in the names of those staff members who will remain.
4. Decide what additional staff is necessary for your model to best serve severely handicapped children.
5. In deciding your staff needs, consider: ELEMENT 1: Population Baseline; ELEMENT 5: Financial Resources; and ELEMENT 6: Staff Resources.
6. Decide additional training needed by staff members so they will be better able to serve severely handicapped children.
7. After staffing is completed, determine ways for staff to self assess their teaching strengths.

Staffing Form

School or Service Model ______________________________

Administrators ____________________ Number of students to be served ______________

____

Educators (teachers)

________	________	________
________	________	________
________	________	________
________	________	________
________	________	________
________	________	________
________	________	________
________	________	________
________	________	________

Professional Support Personnel

Speech	Physcial Therapist	Psychologist
________	________	________
________	Occupational Therapist	Psychiatrist
________	________	________
Audiologist	Dietician	Nurse
________	________	________
Language Therapist	Counselor	Social Worker
________	________	________
Developmental Therapist		
________		

Paraprofessionals

Aides

________	________	________
________	________	________
________	________	________
________	________	________
________	________	________
________	________	________

Paraprofessionals (continued)

Foster Grandparents

__________ __________ __________
__________ __________ __________
__________ __________ __________
__________ __________ __________
__________ __________ __________
__________ __________ __________

Volunteers

__________ __________ __________
__________ __________ __________
__________ __________ __________
__________ __________ __________
__________ __________ __________
__________ __________ __________

Coordinating or supervising consultants

__________ __________ __________

Diagnostician

__________ __________ __________

Clerical Staff

__________ __________ __________

B. Implementation

ELEMENT 12: INSTRUCTIONAL PROGRAM METHODOLOGY

Element Definition: This element discusses the selection of methodology to be employed in the instructional process.

Consideration and Justification: To the administrator who designs curricula, this element might prove most useful as a planning aid. To the trainer of teachers and to the teacher of handicapped students, however, the element should provide information for immediate application in teaching teachers how to expand their skills and as an aid for developing lessons for handicapped children.

Educational instruction for the severely handicapped is a new art. In the past, the approach was to provide only custodial care. Today, that idea is being challenged. Teachers are also challenged to accept the handicapped as students, to teach specific skills, and to make it relevant!

The methodology of a competent instructor provides the means to make the program relevant to a student's needs. Methodology must be preplanned--not accidentally stumbled upon after the lesson has begun. An exploration of methodology is crucial, since it is as important to approach a lesson in a planned, systematic manner as it is to know what to teach.

Outcome: Selection of one or more methodologies.

Components:

Traditional Categorical: This describes methodology by distinct categories of events based primarily on verbal content. A content matrix, one traditional approach to methodology, will be discussed.

Specific Behavior: This methodology breaks down specific skills into steps, creating content and establishing enroute behaviors. Task analysis is the procedure that will be discussed.

Graduated Behavior: This methodology also breaks down skills into specific steps, but the approach is based on a gradual withdrawal of assistance until the student can complete the task by himself.

Element Inventory

1. What is the methodology you presently use with the severely retarded?

    a. Emphasis primarily on custodial care.

    b. Therapeutic

    c. Traditional Categorical

    d. Specific Behavior

    e. Graduated Behavior

2. How is the method for content presentation decided?

3. How is task analysis used?

4. Would you say your methodology is teacher-oriented, skill-oriented or child-oriented?

Task Analysis:

Traditional Categorical

1. Establish a method for investigating the nature and use of content for instruction of the severely retarded.

2. Consider the many methods for content analysis. Check the resources in the Element Bibliography.

3. Consider the method presented below.[9]

Content Analysis

> This model was tested in several settings, including in a school for the moderately and severely handicapped. The results are discussed in Supplement 12:1. Both content and presentation modes are analyzed. First, instruction is observed; each event is noted. Events are delineated by content change or by presentation change; change from one event to another is often made obvious by verbal exchanges.
>
> A matrix aids in recording the lesson. (An example of a matrix is on the following page.) The sequence of instructional events is recorded by using successive numbers. The terms must be mastered prior to recording. The categories specified here are not absolute, rather they are exemplary. (Later this approach is discussed using different content and presentation categories.)
>
> Vertical Axis: the nature of the content.
>
> a. Fact: specifics, events, e.g., "This is a shoe."
>
> b. Generalization: statement, explanation of condition, cause and effect, e.g., "All shoes are worn on your feet."
>
> c. Law-Rule-Norm: specific generalization as in math, science or health, e.g., "If you brush your teeth, your teeth will not decay."

---

[9] Lloyd E. McCleary, Content Analysis, LM4, ILM Learning Modules Series, Salt Lake City: ILM Publishers.

Content Analysis Matrix

Horizontal Axis

Vertical Axis

Method Nature	Description	Explanation	Evaluation Justification	Expansion Application	Activity
Fact	1	2			3
Generalization					
Law - rule - norm					
Concept					
Value or Attitude		4			

d. Concept: abstraction, the process and function, understandings and classes, e.g., "A peach is a fruit." "To make a bed, you first must put on the contour sheet, starting at the corners."

e. Value or Attitude: standards, norms, morals, e.g., "Nice children sit still."

Horizontal Axis: the method of using content (presentation methodology).

a. Description: shows condition, definition.

b. Explanation: reasons, detailed steps.

c. Evaluation Justification: leads to a judgment about the usefulness of an idea, procedure, etc.

d. Expansion, Application: additional descriptions and new associations and applications.

e. Activity: list, discuss, manipulate, play, drill.

A description of the four events recorded on the matrix on the preceding page follows: The teacher is teaching a dressing skill, "putting on a shoe." First she may say, "This is a shoe" (1. Factual Description). For the severely handicapped this stage could last indefinitely. She may continue, "See the shoe, this is a shoe, etc." Or the event may change. "A shoe goes on your foot" (2. Factual Explanation). In this case, the fact could be demonstrated. That might be followed by the child putting on the shoe (3. Activity). Next the teacher may say, "Good clean boys and girls wear shoes." She may show pictures to demonstrate this statement. The event has changed now to a new content area, leaving facts and moving to values (4. Value or Attitude).

Case Study 12:1 contains four content and presentation analyses of classes taught at a special school for the severely handicapped. The appropriateness of the instruction was assessed, and subsequently a consultant helped the teachers utilize the recorded information to improve their approach to the lessons.

4. Utilize the matrix for planning your instructional methodology. Analyze an actual lesson if possible.
    a. Check to see where the heaviest emphasis falls.
    b. Figure the amount of emphasis by percentage of total events.
    c. Decide whether the emphasis is appropriate for the group of students:
        (1) Can this group understand the level of abstraction?
        (2) Is the activity accompanied by an adequate amount of explanation?
        (3) Is there one method of presentation that would not be appropriate for this group?
        (4) Is there a consistent pattern of presentation?
        (5) Is there too much emphasis in some area? (Too much description or explanation of values?)
        (6) Is there too little emphasis in some area? (Too little effort to explain a fact?)
        (7) Did the lesson accomplish its goal?
5. Decide what changes need to be made in the presentation of the content; decide which content areas *are* appropriate for the student and for presenting the information.
6. With the information gained from the analyzed lesson, use the matrix to pre-plan a lesson.
7. Following the lesson, check to see if the outline was followed. Was the lesson successful?
8. When planning a lesson, be mindful of these progressions in content and in presentation mode.
9. Use the matrix to outline a long-range program or a lesson. List the actual content on the matrix. (Matrix follows #10.)
10. When planning a school curriculum, design it according to content *and* methodology.

Example of using the matrix for lesson planning:

Method / Nature	Description	Explanation	Evaluation Justification	Expansion Application	Activity
Fact	bed needs to be made	how to put on contour sheet	none	when to make bed	(See Task Analysis below) practice laying sheet on bed
	re-description	re-explanation	none	repeat	practice on one contour corner
	re-description	re-explanation	when are you finished?	repeat	repeat with time

Specific Behavior. Creating content for a specific skill outlines the methodology.

1. Using any curriculum, select a lesson and abstract the terminal step or skill.
2. Make a "task analysis" of steps leading to that final step or skill (terminal behavior).
    a. Break down the terminal behavior into the component acts that lead to it.
    b. Arrange the acts from the most basic to the most complex (hierarchy).
    c. Decide if the terminal behavior may be accomplished by completing an orderly progression of these component steps.
    d. Remember that a task analysis is not inflexible; in-between steps may be added as needed. This occurs particularly when instructing the handicapped or when working with unknowns. Some component steps also may be skipped.
    e. Component steps are used to create separate lessons; they comprise the methodology for teaching a lesson.
3. Formulate a behavioral objective for the terminal behavior. (The component behaviors may be best defined by formulating behavioral objectives for them as well.)
    a. State what behavior or skill the learner will be capable of when the instruction is completed. Describe observable behavior.
    b. Use measureable, well-defined terms (walk, sit, eat, select).
    c. Consider: Who will be giving the stimulus? Where? What material and/or equipment will be necessary?
    d. Write the criteria for acceptable performance: How long should the task take? What degree of accuracy should be attained?

The following is an example of a task analysis of a terminal objective; it is reprinted here with permission of the authors.[10] (This example is taken from a sequence on Basic Gross Motor Skills consisting of: A: Independent Movement--Prone; B: Rolling (Supine to Prone); C: Head Holding--Sitting Position; D: Sitting--Child's Chair; and E: Sitting--Adult Chair. The example reprinted here consists of only two phases; the final terminal objective in the sequence--Sitting in an Adult Chair--is comprised of twenty-six phases. The book contains many such sequences.)

Head Holding--Sitting Position

Terminal Behavior: Child in supported sitting position, holds head up independently with bottom of chin parallel to floor; head does not tilt to side.

Phase I: Child in supported sitting position, holds head up with bottom of chin parallel to floor; head does not tilt to side; teacher supports.

The following steps apply to Phase I.

Steps

1. Time: 2 seconds
2. Time: 5 seconds
3. Time: 10 seconds
4. Time: 20 seconds
5. Time: 30 seconds
6. Time: 45 seconds
7. Time: 60 seconds

Phase II: Child in supported sitting position, holds head up independently with bottom of chin parallel to floor; head does not tilt to side.

The following steps apply to phase II.

Steps

1. Time: 2 seconds
2. Time: 4 seconds
3. Time: 6 seconds

---

[10] H.D. Bud Fredericks, et al. *The Teaching Research Curriculum for Moderately and Severely Handicapped*. Monmouth, Oregon: Instructional Development Corporation, Teaching Research Infant and Child Center, 1975, unpaged. This book was published in 1976 under the same title by Charles C. Thomas, Springfield, Illinois.

Steps (cont)

4. Time: 8 seconds
5. Time: 10 seconds
6. Time: 13 seconds
7. Time: 16 seconds
8. Time: 20 seconds
9. Time: 25 seconds
10. Time: 30 seconds
11. Time: 40 seconds
12. Time: 50 seconds
13. Time: 60 seconds
14. Time: 90 seconds
15. Time: 120 seconds
16. Time: 180 seconds

4. To use task-analyzed behavioral objectives:

   a. Select a curriculum with objectives and steps already developed (see the Bibliography in ELEMENT 13).

   b. Make your own task analysis.

   c. Make sure the objective states how and under what conditions the behavior is to be taught.

   d. Instruct each phase or step consistently until it is achieved according to the described criteria.

   e. Each succeeding task in the hierarchy is proceeded by the instruction and practice of the previous step. For example: when instructing Step 4 in lacing a shoe, Step 1 (putting on a shoe), Step 2 (pulling the tongue), and Step 3 (holding the shoe strings) are still included in the procedure.

   f. Record progress in some manner.

Graduated Behavior. Break down skills according to teacher assistance.

1. Use any curriculum; select lesson. Abstract the final step or skill (terminal behavior).

2. Break the skill into phases according to the amount and degree of teacher assistance. (See the following page for one suggestion on recording progress.)

Example: Specific Graduated Behavior

Expressive Language

Name ____

Objective: Student will initate the three positions of the instructor's arms on cue of "do this."

1. Both arms beginning at side of body then lifted out and up to shoulder height.
2. Both arms beginning at side of body then lifted up front to shoulder height.
3. Both arms beginning at side of body then lifted up front to up above head.

Steps:

1. Student will imitate position of instructor's arms with assistance. (Assistant will lift student's arms.)

Date		M	T	W	T	F	M	T	W	T	F	M	T	W	T	F	M	T	W	T	F
Position 1	+																				
________	-																				
Position 2	+																				
________	-																				
Position 3	+																				
________	-																				

2. Student will imitate postion of the instructor's arms with assistance. (Assistant will start student's arms.)

Position 1	+																				
________	-																				
Position 2	+																				
________	-																				
Position 3	+																				
________	-																				

3. Student will imitate position of instructor's arms without assistance.

Position 1	+																				
________	-																				
Position 2	+																				
________	-																				
Position 3	+																				
________	-																				

Comments:

3. Another example of graduated behavior is in the A.I.D. and I.D. method described in the T.M.R. Performance Profile.[11] A.I.D. means that the teacher physically Assists the student, and Individual verbal Directions accompany the assistance: I.D., of course, stands for Individual verbal Directions.

    a. Each task is divided into four phases:

        (1) Instructor gives total physical assistance while giving verbal assistance and instruction.

        (2) Instructor gives initial physical assistance, and continues verbal assistance.

        (3) Instructor withdraws all initial assistance. Verbal assistance continues and physical assistance is rendered when a complication arises.

        (4) A verbal direction is given and the task is performed independently.

    b. Criteria are established for each phase; these may consist of time limits and number of physical assists that will be given.

    c. The purpose of the graduated behavior methodology is to teach independence through success.

    d. Criteria may also be stated as behavioral objectives.

    e. Progress is recorded in some manner. (Example on following page.)

---

[11] Alfred J. DiNola, Bernard P. Kaninsky, and Allen E. Sternfield. T.M.R. Performance Profile for the Severely and Moderately Retarded: Teacher's Manual. Ridgefield, New Jersey: Reporting Service for Children, 1968.

Carol will put a contour sheet on all four corners of a bed with only 5 physical assists. Verbal assistance will continue.

Day	2/7	2/8	2/9	2/10	2/11	2/12	
No. of Assists	10	10	9	9	8	7	. . . . 5 Criteria

4. The ten-session rule is a graduated method controlled by the teacher. It may be applied or used with any methodology.

    a. Each task is taught daily if possible.

    b. Length of teaching time varies according to the learner.

    c. The same teaching procedure with the same task is taught consistently for ten consecutive days.

    d. Before each task begins, the task previously achieved is reviewed. This provides practice and a successful beginning.

    e. On the first day the learner is assessed on the task by using the outcome criterion already established.

    f. On the tenth day the learner is reassessed.

    g. If the learner reaches criterion, he continues to the next task, again for ten days.

    h. If the learner does not reach criterion, he still moves to another task for ten days. (This is the key to maintaining motivation.)

    i. If the learner reaches criterion on a task before completing ten sessions, noncriterion tasks are taught. These are extensions of the task used for practice; this is called "wallowing in success."

    j. Occasionally a ten-day interval may be used merely for "wallowing in success;" use a noncriterion lesson from a learned task.

k. If a student does not reach criteria on a task after several returns following intervening sessions, the task should be reassessed. It then may be rewritten, replaced by another task, or eliminated.

Modification for Severely Handicapped

1. Modify traditional categories. (See example on following page.)
    a. Presentation methods may be changed using graduated terminology. Example: Use A.I.D. and I.D. presentation methods across horizontal axis of the matrix.
    b. The content may use more specific terminology than that shown on the example. Tailor the content to student needs.
2. Modify specific behaviors.
    a. Add more component behaviors if needed.
    b. Make each description as simple as possible.
    c. Deal with one minute concept or behavior at a time. Unclutter the objectives.
    d. Extend the length of time to perform each task; e.g., extend 3 minutes to 6 minutes. For task of walking, the time extension may be in months or years.
    e. Do not expect too little from a severely handicapped student.
3. Modify graduated behaviors.
    a. Phases between the four listed graduated behaviors may need to be added--that is between complete physical assistance and verbal assistance only. Some tasks may always need some assistance.
    b. If a task requires too much assistance, maybe an alternative task should be considered; the task may be too advanced or irrelevant.
    c. The ten-sessions rule might be changed to fifteen or twenty sessions.

Modified Matrix

Method / Nature (motor)	Verbal and Physical Assistance	Verbal Assistance Physical	Verbal Command	Independent	Activity (same)
Gross Motor Involvement					
Fine Motor Involvement					
Integrated Motor Involvement					
Selective Movement					

4. Utilize basic principles of learning.

   a. Structure a progression from known to unknown, i.e., teach "walk" before "run."

   b. Use motivational techniques; i.e., set a destination to walk to.

   c. Employ exaggerated differentiation; e.g., have child move from a motionless, prone position to walking through ladder rungs.

   d. Use rewards.

   e. Use exercise (practice); i.e., have the student walk five times daily.

   f. Instruct with intensity; e.g., in each session, repeat developmental step for 15 minutes.

   g. Show belonginess; i.e., make sure walking is useful for the child.

   h. Remember the rules of primacy and recency, i.e., in a sequence of learning the first and last items have a greater potential for being retained.

   i. Use trial and error. Be flexible in the presentation of a program.

5. Make retention checks a constant for all learned tasks.

6. Examine tasks more thoroughly; go beyond prerequisites. Think of teaching pretasks. In verbalization, for instance, there are pre-verbal tasks such as attending, sitting still, eliminating interfering behaviors, looking at objects, imitation, etc.

7. Examine behaviors and eliminate interfering behaviors, such as weaving, rocking, gazing, grinding teeth, moving and waving hands. The following steps to accomplish this are based upon the autism reversal method of Azrin, Kaplan, and Foxx.[12]

---

[12] N.H. Azrin, S.J. Kaplan, and R.M. Foxx. Autism reversal: Eliminating stereotyped self-stimulation of retarded individuals. American Journal of Mental Deficiency, 1973, 78, 3, pp. 241-248.

   a. Decide which behavior is interfering with learning and must be eliminated.

   b. Determine an appropriate reward. Edibles are useful but must be of high value to the child.

   c. Decide on a preferred substitute task for the interfering behaviors.

   d. Edibles and praise are given with each appropriate response.

   e. Teacher reinforces student at least once every 60 seconds.

   f. Sessions continue for at least eight nonconsecutive days.

   g. The session length is extended gradually to 30 minutes for each child.

   h. Now teacher responds differently to interfering behavior; when it occurs, the student is reprimanded. "Susie do not bang your head like that."

   i. Child is required to sit in another area of the room.

   j. The teacher stands behind the student and requires the appropriate behavior for 20 minutes.

   k. When the child has had less than two interfering behavior episodes the previous day, step "j" is reduced from twenty minutes to ten to five to two minutes.

   l. Following the two-minute period the reprimand procedure changes to a simple warning.

It is believed that if this method is followed the interfering behavior will reverse itself. (See Case Study in Supplement 12:2.)

8. Assume that the child will learn. Expect more of yourself.

   a. Extend each lesson as far as the student can go.

   b. Do not give up.

   c. Be flexible.

    d. Think of ultimates.

    e. Reach for the moon--realistically.

9. Interpret and instruct to the needs of the child and not to the needs of your own expectations.

Supplement 12:1

Use of Content Analysis

Content analyses were made in four classrooms; these classes were all in a special school for the handicapped in a public school system. The classes were selected on the basis of ability groupings and ages.

Selected classes:

A. Primary age, trainable mentally retarded (I.Q. range 40-55)

B. Intermediate age, emotionally disturbed (I.Q. range 55-100+)

C. Young adult, higher level trainable (I.Q. range 50-75+)

D. Young adult, severely retarded (I.Q. range 30 and below)

These analyses were made to compare the level and amount of content taught.

Questions:

A. Did content vary noticeably by ability groups?

B. Did ability groups show patterns for categorical presentation level? On the vertical dimension?

C. Did ability groups show patterns for methods of presentations? On the horizontal dimension?

D. What are the implications?

Procedure:

A. Make Matrix for analysis.

B. Select classes.

C. Clear procedures with the teacher.

D. Agree to share the results.

E. Observe at least three lessons per teacher.

F. Select lesson with the most content presented for each class.

G. Share content analysis with teacher.

H. Draw conclusions, answer original questions.

I. Make follow-up appointments with teacher for lesson rewriting.

Four content analyses follow.

LESSON: Breadmaking & Language TEACHER: Teacher Ⓐ - Class for Primary Trainable Retarded DATE: 2/14/75 (Friday) 9:40-10:20 (40 min.)

# of topic entries 22 PERCENTAGE	DESCRIPTION 9%	EXPLANATION 32%	EVALUATION JUSTIFICATION 18%	EXPANSION APPLICATION 9%	ACTIVITY 32%
FACT 41%	① will do	② direction ⑭ invite Mrs. H. for bread - whole sentence ㉒ time to cook	③ question how/what next		④ gathered instruments ⑤ begin make ⑫ count while stir ⑯ gives imitation ㉑ complete bread
GENERALIZATION 9%			⑬ consequences if oven open		
LAW - RULE NORM 0%					
CONCEPT 23%		⑮ these words mean...	⑥ what is word stir, mix, rise...	⑦ use terms for cooking ⑧ other uses	⑨ read and say sentence
VALUE OR ATTITUDE 27%	⑩ we must sit still -	⑪ don't want less ⑰ turns for everyone ⑱ do not lick	⑲ why must not -		⑳ tell me in sentence and action why not

LESSON: Learning Stations TEACHER: Teacher Ⓑ - Class for Intermediate DATE: 3/6/75
Movement Class Emotionally Disturbed 12:45-1:40 (55 min.)
Questions used!

# of topic entries 25 PERCENTAGE	DESCRIPTION 23%	EXPLANATION 19%	EVALUATION JUSTIFICATION 38%	EXPANSION APPLICATION 5%	ACTIVITY 15%
FACT 27%	⑪ directions ⑭ directions for warm-up	④ look again at keg	⑥ needs to be worked from right	⑨ directions ⑩ think	
GENERALIZA-TION 12%			㉓ trouble knowing? or doing		⑯ dance and movement ⑱ position in space
LAW - RULE NORM 0%					
CONCEPT 19%		㉕ new concept "ready"	⑦ compare pictures ⑧ were you right?	㉔ "ready"	⑤ show me ready
VALUE OR ATTITUDE 42%	⑮ this is not time to keep ⑰ good I like that	⑫ we need music ㉑ it is his shape ㉒ move I'm afraid you'll hurt	① are you working ② ready for another ③ do you have a problem ⑬ how do resolve this ⑳ should I make you change		⑲ change your shape

LESSON: Math - Newspaper Shopping TEACHER: Teacher C - Class for Young Adult DATE: 2/18/75
Higher Level Trainable 9:30-10:30 (1 hr.)

# of topic entries 13 PERCENTAGE	DESCRIPTION 0%	EXPLANATION 23%	EVALUATION JUSTIFICATION 23%	EXPANSION APPLICATION 16%	ACTIVITY 38%
FACT 15%		① how to be done	② other additions		
GENERALIZATION 8%				③ can use it by helping mom	
LAW - RULE NORM 23%		⑩ how to total prices	⑧ show to determine		⑨ subtraction of comp. prices ⑪ addition at prices
CONCEPT 54%		⑤ how find food value	⑦ which is less expensive ⑫ which store to shop at - why		④ process for finding ads ⑥ find food value ⑬ select store-tell reasons
VALUE OR ATTITUDE 0%					

LESSON: Bed Making TEACHER: Teacher D - Class for Young Adult Severely Retarded DATE: 2/12/75 11:05-11:40 (35 min.)

# of topic entries 13 PERCENTAGE	DESCRIPTION 8%	EXPLANATION 23%	EVALUATION JUSTIFICATION 31%	EXPANSION APPLICATION 7%	ACTIVITY 31%
FACT 15%	① put on one corner contour	⑤ this is how			
GENERALIZATION 23%			③ have you finished	④ look at how I pull corners	② C.H. and A.N. made bed
LAW - RULE NORM 31%		⑨ this is how it must be done - corner first	⑥ will help you lot - if do this way		⑩ L.E. did make under time ⑬ resume activity
CONCEPT 0%					
VALUE OR ATTITUDE 31%		⑪ young ladies don't talk that way in school	⑦ mom will be proud ⑧ didn't you do good job		⑫ removal of L.

LESSON: HORIZONTAL TALLY DATE:

	DESCRIPTION	EXPLANATION	EVALUATION JUSTIFICATION	EXPANSION APPLICATION	ACTIVITY
Primary Trainable Class A	9%	*32%	18%	9%	*32%
Intermediate Class B	*23%	19%	38%	5%	15%
Young Adult higher Class C	0%	23%	23%	16%	*38%
Young Adult Severly Retarded Class D	8%	23%	*31%	7%	*31%

LESSON: VERTICAL TALLY DATE:

	Class A Young trainable	Class B Intermediate E.D.	Class C Young Adult higher	Class D Young Adult - Severely	
FACT	*41%	27%	15%	15%	
GENERALIZATION	9%	12%	8%	23%	
LAW - RULE NORM	0%	0%	23%	31%	
CONCEPT	23%	19%	*54%	0%	
VALUE OF ATTITUDE	27%	*42%	0%	31%	

Evaluation of Analyses

A. Did the content vary noticeably by ability groups?

There was a difference not only by ability groups but by age groups as well. Older moderately handicapped students were observed working with academic subjects. Most of the instruction was adapted academics for consumer use.

The more severely handicapped young adults worked with home living practical skills geared totally away from academics. One session was cooking, another sewing on buttons, another dressing, and one was a language class.

The youngest group of trainable retarded students worked with practical activities. However, it is interesting to note that the teacher used every minute in most activities to teach language. Everything was verbalized and structured into a sentence and then reworded.

The emotionally disturbed classroom had a content pattern different from the others. Each time period was spent in problem solving. Content areas were structured independent activities of an academic nature. Creative activities were used frequently.

The analyses selected showed another factor about content. The young trainable group (A) had 22 topic entries in 40 minutes; about two entries per minute.

Group B, the intermediate group, had about the same ratio of 25 entries in 55 minutes. The older, more capable group (C) had about one new entry every four minutes. The less capable older group (D) had entries about every 2.5 minutes. It appears that there is more bombardment of ideas with the younger students. Note, too, that group A had 41% factual information.

B. Did ability groups show patterns for presentation level? On the vertical dimension?

The biggest difference in groups was demonstrated by this factor. As expected, concepts were not presented with much emphasis except in the older, more capable group (54%). The less capable older group had no concepts presented.

Both older groups were presented with law-rule-norm entries. For the less capable students in these groups, it is possible that such content was meaningless.

The youngest group (A) had the primary emphasis on facts (41%). Secondly, values were emphasized.

Values again were the major emphasis in the intermediate emotionally disturbed group. But note, that law-norm-rule was not dealt with at all. It seems like values were taught not as an indoctrination, but as a problem-solving experience for the individual in relation to himself. An example of this type of activity could be seen while the students were dancing. The teacher tried to make the student change his dance patterns. When the student did not change, the teacher praised him for doing what he believed in and not being influenced by others.

Generalization is not outstanding in any of the classes. Perhaps this is influenced because some institutions train teachers to believe that "retarded children cannot generalize."

C. Did ability groups show patterns for method of presentations? On the horizontal dimension?

Activity is the most prevalent dimension on the horizontal track. Most of the teachers applied one-third of all content through activities. The exception to that is Class B. An interesting relationship to examine is the balance between explanation and activity. Class A spent the same amount of time in activity and in explanation. The teacher prepared the lesson to balance in that manner. The other classes have approximate balances between the two as well. On the entire tally, fewer entries are made in description than in any other methodology. Methodology is consistent throughout the classes and ability groups. One reason for this might be expectations, training of the teachers or available facilities and materials. In this case, there are few books or materials alloted for severely handicapped students. Teacher creativity is the prime tool.

D. What are the implications?

1. As far as content area is concerned, values are dealt with in disproportionate ratios. Possibly this is a carry-over from day care and training centers.

Implication: Teachers need to be aware of alternatives in content for the handicapped. Because available materials are limited, curriculum developed by the staff might be more appropriate. Content possibilities need to be explored in greater depth.

2. The use of generalization is limited.

Implication: Students need to learn to examine consequences (generalizations). The myth about lack of generalization abilities needs to be corrected or proven. Techniques need to be developed for the acquisition of generalization skills. Without generalization skills, a child gets burned because he has not learned the consequence of fire.

3. Are conceptualizations possible for the severely retarded? Little attempt to teach concepts appears in the observations.

Implication: The concepts that are applicable to the retarded need to be examined. The old idiom, "retarded students will only do what is expected of them," does set the stage for learning. Language is a concept. It needs to be taught.

4. Content transmitted successfully is the function of the teacher. All observed teachers are exemplary, but the program they follow is random--each day a separate unit, a separate activity.

Implication: There is real need to keep developing a total program with entry and exit levels. Teachers need to be inserviced and committed to outcomes.

5. Activity was prevalent. This appeared legitimate, "learning from doing."

Implication: Explore how the activity ties into total program.

Supplement 12:2

Case Study

Reversing Interfering Behaviors

Beth Ann is a twenty-year-old severely retarded young woman. Whenever observed she was rocking, grinding her teeth, moaning and occasionally yelling. She could not attend to any instruction. As a result, Beth Ann had spent all her time in school sitting with one leg crossed, rocking.

After twelve years of this behavior, a new teacher was assigned to Beth Ann. She immediately initiated the Azrin (et al) method of reversing behaviors. After two weeks, Beth Ann had reached step h--the point where the teacher reprimanded Beth Ann for interfering behaviors. Within another week, step j---her required time for an appropriate behavior had reached the "warning stage." She could sit still without rocking or grinding her teeth. Interfering behaviors had ceased and Beth Ann could at last attend to learning.

The teacher noticed that Beth Ann was fascinated by blue. She began to teach Beth Ann to attend for increased intervals to blue objects, particularly blue clothes worn by the teacher. This teacher did not use accidental methodology. Beth Ann's program was a preplanned, consistent effort.

BIBLIOGRAPHY

ELEMENT 12: Program Methodology

Azrin, N.H., Kaplan, S.J., and Foxx, R.M. Autism reversal: Elminating stereotyped self-stimulation of retarded individuals. *American Journal of Mental Deficiency*, 1973, *78*, (3), 241-248.

Ball, T.(Ed.) *A guide for the instruction and training of the profoundly retarded and severely multi-handicapped child*. Santa Cruz, Cal.: Santa Cruz County Board of Education, 1971.

Brown, L. and Sontag, E.(Eds.) *Toward the development and implementation of an empirically based public school program for trainable mentally retarded and severely emotionally disturbed students*. Part II. Madison, Wisc.: Madison Public Schools, Wisconsin Department of Specialized Educational Services, 1972.

DiNola, Alfred J., Kaminsky, Bernard P., and Sternfeld, Allen E. *T.M.R. performance profile for the severely and moderately retarded: Teacher's manual*. Ridgefield, N.J.: Reporting Service for Children, 1968.

Fredericks, H.D. Bud, et al. *The teaching research curriculum for moderately and severely handicapped*. Monmouth, Ore.: Instructional Development Corporation, Teaching Research Infant and Child Center, 1975. (Springfield, Ill.: Charles C. Thomas, 1976.)

Hudson, M. *Identification and evaluation of methods for teaching severely mentally retarded (trainable) children*. Nashville, Tenn.: George Peabody College for Teachers, 1961.

McCleary, L.E. *Content Analysis, LM4*, ILM Learning Modules, Salt Lake City: ILM Publishers, 1975.

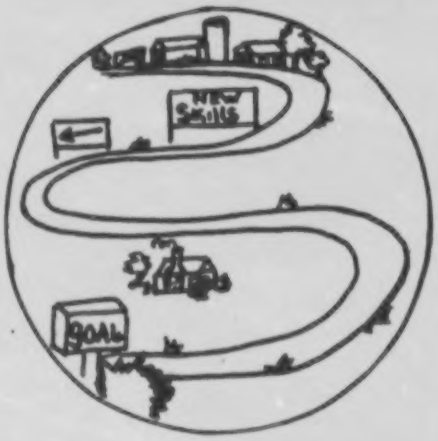
Monterey County Office of Education, Department of Special Education, *Roadways to effective teaching*. Salinas, Cal.: MCOE, DSE, 1970.

Simon, A. and Bayer, E.G.(Eds.) Mirrors for behavior II. *Classroom Interaction Newsletter of Research for Better Schools*. Vols. A and B, 1970.

(continued)

Bibliography
Element 12: Program Methodology (continued)

University of Oregon, Northwest Special Education Learning Resources System. Diagnostic and prescriptive programming for the severely handicapped. Eugene: University of Oregon, NSELRS, 1974.



B. Implementation

ELEMENT 13: PROGRAM CURRICULA

Element Definition: This element discusses the selection of the most appropriate curricula and materials for programs for handicapped students.

Consideration and Justification: A curriculum is much like a road map, and the student the tourist or traveler. Students start and stop at different places for different lengths of time; each has his own speed of traveling. Assessment determines where the child's journey initiates. The objectives form the student's itinerary, and the instructional sequences the routes traveled. In this analogy, the teacher acts as a tour guide in helping the student move through the curriculum. As a tourist or traveler would have a difficult time reaching a new destination without a roadmap, so will the handicapped child have a difficult time reaching objectives without an appropriate curriculum.

Outcome: The selection of curricula and materials and the development of curricula that will be most effective in helping a handicapped child acquire new skills.

Components:

1. Criteria: the establishment of guidelines for selection of curricula and materials.
2. Curriculum evaluation: the assessment of available curriculum.
3. Materials evaluation: the assessment of available materials.
4. Selection and development: the selection of appropriate curricula and materials and/or the development of the needed curricula.

Element Inventory

1. What curriculum are you using for the severely handicapped child?

2. What other curricula are now available for the severely handicapped child?

3. How are you evaluating curricula? Materials?

4. What are you doing about developing curricula for the severely handicapped child?

Task Analysis

Curricula Criteria: Suggested Guidelines

1. Comprehensiveness. A curriculum should be comprehensive, covering all possible activities for the handicapped child. (See Supplement 13:1 for outline of a comprehensive curriculum.)
2. Range. The curriculum should apply to all developmental ages being served and to all types of handicapping conditions represented in the program.
3. Sequence. A curriculum should be sequenced, starting with low-level skills and progressing in small sequential steps to high-level skills. (See Supplement 13:2.)
4. Task Analysis. The curriculum should be task-analyzed to facilitate sequential learning.
5. Methodology. A curriculum should include suggested methodology. This is the "how to" which would include activity cues, amount of assistance given, when to deliver reinforcer, etc.
6. Accountability. Objectives should be stated with measurable outcomes to insure accountability.
7. Philosophy. The philosophy underlying the curriculum should be acceptable to parents and teachers.
8. Parent Involvement. Purposeful parental involvement in the educational process should be included.

Curricula Evaluation

Use the above guidelines to evaluate the present curriculum, or curricula that are being considered.

Materials Evaluation

1. Supplement 13:3 presents one approach to evaluation of materials.
2. Develop your own evaluation method, adding variables that are relevant to your program.
3. Take the evaluation form with you when you examine materials at conventions, media center, etc.

Selection and Development

Selection:

1. Examine curriculum guides for the severely handicapped on file at university or teacher college libraries.
2. Write to state departments of education and to large city school districts for copies of the curriculum guides that they are using.
3. Obtain commercially available curricula.
4. Evaluate the curricula using the eight criteria statements above.
5. Select the curriculum or curricula that are most appropriate for your student needs.
6. Adapt, combine, modify curricula to meet needs.
7. Train teachers and staff in the use of the selected curriculum. Be sure everyone has a copy.

Development:

1. Select a curriculum that has desirable components.
2. From the curriculum guide outline according to the previously discussed criteria the program you wish to initiate.
3. Adapt present objectives and write new objectives if needed.
4. Create task analyses of skills not previously broken down into sequential steps.
5. Include additional component steps in tasks that need smaller steps.
6. Check for accountability:
    a. objectives have stated criteria;
    b. objectives can be measured.
7. Curriculum development is further discussed in ELEMENT 19: Expansion.

Supplement 13:1

Comprehensive Curriculum

A comprehensive curriculum is a twenty-four-hour curriculum, and should include educational and life goals for the handicapped child. Following is an outline of a comprehensive curriculum.

Suggested Curriculum Outline

A. Functional living skills: independent care of personal needs and safety.

    1. self care

        a. eating

        b. dressing

        c. personal hygiene

    2. safety and self-protection

    3. mobility

B. Communication and language: interaction within the environment.

    1. attention and listening

    2. imitation

    3. reception

        a. auditory

        b. visual

    4. expression

        a. verbal

        b. manual

        c. symbolic

C. Social skills: adjustment in relating with others in the environment.

D. Motor skills: development of body control and purposeful, satisfying motor movement.

  1. motor

    a. gross

    b. fine

  2. physical fitness

  3. leisure and recreation

    a. art, sports, etc.

E. Basic knowledge activities: meaningful use of functional skills.

  1. reading

  2. writing

  3. computational skills

    a. basic processes

  4. functional number experiences

    a. money

    b. time

    c. measurement

    d. wages

    e. payment

    f. banking

    g. tax

F. Contributive skills: acquisition attitudes, habits and information to become a contributing member of society.

  1. personal work adjustment

  2. functional work skills

    a. home

    b. school
    c. shop and maintenance
3. occupational skills
    a. placement training
    b. sheltered workshop
    c. community work skills

Supplement 13:2

Case Study

Patrice is a six-year-old student who is unable to ambulate. The program on the following two pages was set up for her. Note the main objective or terminal behavior: "Student will walk three steps without help or outside support." This main objective has three enabling objectives that lead to it. Each enabling objective is further broken into small task steps, with a place for the beginning date of each task step and a place for daily tallies as she works toward the objective.

Example: Graduated Behavior

Name Patrice **Program** Walking

Patrice will walk three steps without help or support of walker.

Steps:

1. Patrice will walk ____________ steps with support of walker.

	M	T	W	T	F	M	T	W	T	F	M	T	W	T	F	M	T	W	T	F
a. one																				
b. two																				
c. three																				

Comments:

2. Patrice will stand with her back against the wall for support for

_________ seconds.

a. 1																				
b. 2																				
c. 4																				
d. 8																				
e. 16																				
f. 32																				
g. 64																				
h. 128																				
i. 256																				

Comments:

Name________________________________ Program______________________________

3. Patrice will stand without support for ______ seconds

Date:		M	T	W	T	F	M	T	W	T	F	M	T	W	T	F	M	T	W	T	F
________	a. 1	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
________	b. 2	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
________	c. 4	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
________	d. 8	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
________	e. 16	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
________	f. 32	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
________	g. 64	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
________	h. 128	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
________	i. 256	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Comments:

4. Patrice will walk ______ steps without help or support of the walker.

Date:		M	T	W	T	F	M	T	W	T	F	M	T	W	T	F	M	T	W	T	F
________	a. one	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
________	b. two	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
________	c. three	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Comments:

Supplement 13:3

Material Evaluation Form

A. Superficial level of materials.

1. Title ______________________________
2. Author ______________________________
3. Publishing company ______________________________
4. Format ______________________________
5. Area of instruction ______________________________
6. Service

   durability high 1 2 3 4 5 low

   consumable yes no
7. Attractive ______________________________
8. Convenience in handling and storage ______________

   ____

B. Content level of materials.

1. Purpose/outcome ______________________________

   ____
2. Developmental age range ______________________________

   ______________________________ ______________
3. Does student require assistance? yes no
4. Is there sufficient suggested methodology for use?

   yes no
5. Training in use: ____________teacher manual,

   ________some assistance, _______workshop

6. Can it be easily adapted in the degree or the complexity of the task to match various student needs? yes no

7. What is the primary input?

_____Visual _____Tactile-Kinesthetic _____Gustatory

_____Auditory _____Olfactory

8. What is the primary process involved?

(circle) 1 as primary, 2 and 3 as supportive

	Visual	Auditory	Tactile-Kinesthetic
Attention	1 2 3	1 2 3	1 2 3
Identification	1 2 3	1 2 3	1 2 3
Discrimination	1 2 3	1 2 3	1 2 3
Association	1 2 3	1 2 3	1 2 3
Memory	1 2 3	1 2 3	1 2 3
Sequencing	1 2 3	1 2 3	1 2 3
Other ______	1 2 3	1 2 3	1 2 3

9. Placement test? yes no

10. Teacher expertise:

no training needed 1 2 3 4 5 training needed

11. Is there built-in accountability? yes no

12. Aide use: high 1 2 3 4 5 low

13. Parent involvement high 1 2 3 4 5 low

BIBLIOGRAPHY

ELEMENT 13: Program Curricula

A guide for sequential development of behavior for pupils with moderate intellectual limitations. Towson, Md.: Baltimore County Board of Education, 1974.

A guide for teachers of the educable mentally handicapped - Elementary. Santa Fe, N.M.: New Mexico State Department of Education, Special Education Unit, 1974.

A guide for teachers of the educable mentally handicapped - Secondary. Santa Fe, N.M.: New Mexico State Department of Education, Special Education Unit, 1974.

Alpern, G.D. and Boll, T.J. *Education and care of moderately and severely retarded children* (with a curriculum and activities guide). Seattle: Special Child Publications, Inc., 1971

Baldwin, V.L., Fredericks, H.D., and Brodsky, B. *Isn't it time he outgrew this? or A training program for parents of retarded children*. Springfield, Ill.: Charles C. Thomas, 1973.

Blumenfeld, J. Thompson, P.E., et al. *A guide for the teacher of the trainable mentally handicapped*. Santa Fe, N.M.: New Mexico State Department of Education, 1970.

Curriculum materials. Washington, D.C.: Association for Supervision and Curriculum Development, 1974.

D'Amelio, D. *Severely retarded children: Wider horizons*. Columbus, Ohio: Charles E. Merrill, 1971.

Hofmeister, A. *Programmed reading with the severely retarded: A field evaluation*. Eugene, Ore.: Northwest Regional Instructional Materials Center, 1974.

Lance, W.D. *Instructional media and the handicapped*. Palo Alto, Cal.: Stanford University, ERIC Clearninghouse on Media and Technology, 1974.

Moore, C. (Ed.) *Preschool programs for the handicapped children*. Eugene, Ore.: University of Oregon, Center on Human Development, Regional Resource Center for Handicapped Children, 1974.

(continued)

Pots and pans activities for parent and child. Chicago: Office of the Superintendent of Public Instruction, Department of Exceptional Children, Instructional Materials Center.

University of Wisconsin, Special Education Instructional Materials Center. *A catalog of selected instructional materials for the severely mentally retarded*. Madison, Wisc.: University of Wisconsin, SEIMC, 1974.

B. Implementation

ELEMENT 14: ADAPTATION OF FACILITIES AND EQUIPMENT

Element Definition: This element discusses the adaptation of equipment and facilities to meet the special needs of the severely handicapped student.

Consideration and Justification: Much of the equipment and many of the facilities used by nonhandicapped persons are not at all adequate for the handicapped. Stairs, doors, restroom facilities, cars, and buses present obstacles. Even traditional equipment for the handicapped may not be adequate for the severely handicapped. Wheelchairs, typewriters, and communication systems are a few items that may require further adaptation. In establishing a comprehensive program, these special needs must be considered. Modification of equipment and facilities might be necessary to assure that students are comfortable, and that optimal learning conditions are provided.

Outcome: Adaptation of special facilities and equipment for the convenience, comfort, and support of the severely handicapped student in the instructional and leisure environments.

Components:

1. Adaptation of building and grounds: discusses needed building modifications for the convenience and comfort of the severely handicapped.

2. Adaptation for communication: discusses communication devices and systems that are especially adapted for the non-verbal person.

3. Adaptation for ambulation and position: discusses equipment and devices especially modified to aid and assist in the moving and positioning of the handicapped student. Adaptation should assure normal perspective, varied stimuli, control of involuntary movements, and prevention of atrophy.

Element Inventory

1. Is the building designed so that a person confined to a wheelchair can move through the building without obstruction?

2. Are there heavy doors or steps that might be an obstruction to a person confined to a wheelchair?

3. What special communication equipment is there for the non-verbal student (typewriter, communication boards, scanners, voice synthesizer, etc.)?

4. How are wheelchairs adapted?

5. What specially designed walkers are available to assist a student in walking?

6. Are handrails and supports in the lavatories and other areas located appropriately for the handicapped person?

Task Analysis

Buildings and Grounds.

1. Modify doors for ease of opening.
2. Install locks so that danger areas are inaccessible to the handicapped child. (Such areas may be inside or outside the building.)
3. Eliminate unneeded doors.
4. Provide ramps between different floor levels inside and outside of buildings.
5. Eliminate sharp wall corners and protruding objects on walks and floors that may be hazardous.
6. Adjust lighting to assure that illumination will reach all areas; e.g., more light may be required if the student works on the floor rather than on the table top.
7. Establish the shortest fire exit routes.
8. Place handrails and supports in appropriate places.
9. Adjust toilet and sink heights to make them accessible for independent student use.
10. Provide clean-up room for washing and re-clothing students following bladder and bowel accidents.
11. Provide a hoist for lifting nonambulatory students for: a.) movement during instruction; b.) movement to toilet; c.) pool therapy; and d.) physical therapy.
12. Provide a place with appropriate furnishings to facilitate the removal and replacement of braces.
13. Provide recreational areas inside and outside the building that provide room for: a.) self-initiated movement for the child; b.) movement for all children in or out of wheelchairs; c.) a variety of stimulating experiences.
14. Provide a student lounge.
15. Visit other schools that have adapted facilities for the handicapped, and utilize their good ideas.

16. Make as many adaptations as the budget will allow.

17. Keep a file of future adaptations so you will be prepared to request them at the appropriate time.

Communication

1. Obtain copy of the Participant Resource Book listed in the Element Bibliography. This describes many communication alternatives: typewriter, Bliss symbols, ETRAN, conversation board, radial pointer, rotating arrow scanner, Roto-com, Slip 'N Slide, System 8, TIC portaprinter, light writer, portable auto-com, Possum expanded keyboard, and MC 6400.

2. List the communication alternatives that you are now using for:

   a. deaf;

   b. deaf blind;

   c. nonverbal cerebral palsied;

   d. nonverbal retarded;

   e. others who cannot use expressive or receptive language.

3. List unfulfilled communication needs for the same groups.

4. Make arrangements for acquiring needed devices:

   a. order commercially;

   b. request construction from the school district.

Ambulation and Position

1. Assess the needs of nonambulatory students:

   a. to position for learning;

   b. to strengthen lungs and muscles;

   c. to encourage independent movement;

   d. to control involuntary movement;

   e. to prevent atrophy.

2. Obtain Mobilizing Multiply Handicapped Children and ISAARE for information on possible equipment and modifications (see ELEMENT Bibliography).

3. Select equipment to be adapted for student movement:

    a. wheelchairs;

    b. walkers;

    c. canes;

    d. crutches;

    e. parallel bars.

4. Select equipment for adaptation to allow positioning student for instruction and stimulation:

    a. lap boards;

    b. wheelchairs;

    c. standing tables;

    d. reclining chairs.

5. Measure students to determine equipment adaptation.

6. Make arrangements for acquiring needed adapted equipment:

    a. order commercially;

    b. request that the school district construct or adapt.

7. Assess the effectiveness of the adaptation after the student has utilized the equipment.

8. Remodify if necessary.

BIBLIOGRAPHY

ELEMENT 14: Adaptation of Facilities and Equipment

Ableson, A. and Blacklow, J. Environmental design: New relevance for special education. Reston, Va.: Council for Exceptional Children, 1974.

Macy, P.G. Mobilizing multiply handicapped children (A manual for the design and construction of wheelchairs). Lawrence, Ks.: University of Kansas, Division of Continuing Education, 1974.

Melichar, J.F. Information system for adaptive, assistive and recreational equipment (ISAARE). Portland, Ore.: United Cerebral Palsy Association, 1975. 6 vols.

Participant Resource Book. National workshops on non-vocal communication techniques and aids. Madison, Wisc.: University of Wisconsin, The Trace Research and Development Center for the Severely Communicatively Impaired, 1975.

B. Implementation

ELEMENT 15: PARENTS

Element Definition: Parents are the link between the school program and the home environment; together the program and the home provide a twenty-four hour educational process.

Consideration and Justification: Parents are a vital element in the educational process of a child. They need to be involved at every step, from the initial diagnostic assessment to the present educational program. When a handicapped child is participating in a regular school program, the parents and the school generally share the child's working hours about equally on school days. The program at school will not be optimally effective without the support and cooperation of the parents. Teachers should consider the parents as members of the educational team, because a complete comprehensive program depends on their involvement. Parental involvement may range from receiving information on their child's progress to contributing their skills and resources to the program.

It is a traumatic experience for parents to be told that their child is severely handicapped. Parents need counseling from professionals who can explain the degree of handicap, what parents can expect from the child, and some indication of realistic expectations for the future. Parents also need to talk to other parents of handicapped children to learn from them. Arrangements could be made with parents who have made the parent-child adjustment to visit with the parents of a newly diagnosed handicapped child.

Parental involvement also means that the parents have access to their child's confidential file and that someone will explain the content of the files. (Be sure you are aware of the legal implications of parental access, and the confidentiality safeguards surrounding the cumulative records of students. The Buckley-Pell Amendment to the General Education Provisions Act spells out the requirements. This amendment, "Privacy Rights of Parents and Students," appeared in the Federal Register, 40, 3, January 6, 1975.)

One parent expressed her desire to be involved in the educational process with her severely handicapped child this way, "If you let me be on your team, I will be glad to share him with you."

Outcome: The parents of a severely handicapped child and the child's teachers will work together from the initial diagnosis to implementation of comprehensive programs and the establishment of life goals.

Components:

1. Teacher-parent-child programming: A process involving the parent, teacher, and child in twenty-four hour programming.
2. Parent counseling: A process for facilitating parent and child adjustment and parent-child lifetime adjustment.
3. Parent-to-parent groups: A method for parents to share experiences of their adjustment to their handicapped children and to learn from one another's experiences.

Element Inventory

1. Are parents involved in their child's educational process?

2. What percentage of the parents are involved?

   0%   25%   50%   75%   100%

3. How are the parents involved?

   a. Teacher and parents meet only during regularly scheduled parent-teacher conferences.

   b. Teacher informs parents of programs at school.

   c. Teacher consults parents in developing programs.

   d. Parent is an active partner in developing programs.

   e. Parents assist teacher in some phase of instruction in a developed program.

4. Are parents receiving help in developing programs at home which are consistent with programs at school?

5. Is there a professional readily available and accessible to counsel parents during a crisis?

6. Is he being used? If not, why not?

7. Is there a professional readily available and accessible for parent and child and parent-child lifetime adjustments?

8. Is there a parent-to-parent group?

9. When and where do they meet?

10. What are names and phone numbers of the leaders?

Task Analysis:

Teacher-parent-programming: Following are steps to help develop a cooperative relationship between parents and teachers that will benefit the handicapped child. The teacher should be familiar with some of the materials in the ELEMENT Bibliography before the parent-teacher meeting.

1. Using one of the developmental scales to assess the child's skills to determine what the child can and cannot do at school. (See ELEMENT 8.)

2. Meet with parents and jointly assess how the child functions at home. Use a developmental scale.

3. With parents, formulate goals that are derived from the developmental assessments.

4. With parents, prioritize goals; the most desired goals would be at the top of the list.

5. With parents, refine goals and objectives. Be sure that objectives name a desired behavior, a behavior to be eliminated, or both.

6. With parents, select goals and write the instructional program for home and school. Try to select goals that might be most easily obtained at first. Select more difficult goals for later as parent's and teacher's skills increase.

7. With parents, establish ways of measuring, recording, and reinforcing goals.

8. Initiate selected programs.

9. Make an appointment in two weeks for a goal check. Invite parents to call as needs arise.

10. Teacher and parent meet again to review the data, determine if goals have been met, and continue or establish new goals.

11. Start at step 6 and continue. (See Supplement 15:1.)

Parent Counseling:

1. Hire or name a parent and child guidance counselor for parents of the severely handicapped students in your program. The counselor could be:

   - a. Professional within school staff (teacher, principal, curriculum coordinator, social worker, etc.);
   - b. County mental health worker;
   - c. Social service counselor;
   - d. Counselor from other county or state agency.

2. Arrange for counselor to meet with faculty of school explaining his availability and the procedures to follow in making appointments, etc.

3. Notify parents of the services of the counselor.
   - a. Teacher will explain counseling service to parents during parent-teacher conferences.
   - b. Send a newsletter to all parents containing an article written by the counselor on different ways parents might be counseled.
   - c. Counselor will speak at P.T.A. meetings and parent-to-parent groups.

4. Inform parents of new students of services available.

5. Set up appointment procedures:
   - a. Normal
   - b. Crisis.

6. Parent and child guidance counselor will:
   - a. Suggest ways a parent may change behavior of the handicapped child.
   - b. Be available during a crisis.
   - c. Be a facilitator in the parent-child adjustment process.
   - d. Be a liaison between the parent, the teacher, and the school.

Parent-to-parent group: Parents talking with one another about their handicapped children can be an effective force in the development of positive parent-child adjustments. Following are some suggestions on how to organize a parent-to-parent group:

1. Select a person or group to take the lead in the formation of the parent-to-parent group.

2. Leadership group or person will plan objectives, agenda and make assignments for the first parent-to-parent group meeting, which will be an organizational meeting. See Supplement 15:2.

3. Leadership group completes assignments for organizational meeting.

    a. Duplication of notices and invitations;

    b. Invitation to parents;

    c. Refreshments;

    d. Recruitment of baby sitters;

    e. Organization of car pools.

4. Hold parent-to-parent organizational meeting. See Supplement 15:3 for initial invitation; 15:4 for reminder; 15:5 for several discussion stimulation ideas for first meeting.

5. Suggested outcomes of first parent-to-parent meeting are:

    a. Purpose of group;

    b. Future meeting dates;

    c. Group leader;

    d. Topics for future meetings.

6. Contact agencies that are equipped to assist parents of handicapped children.

    Example: An important agency funded by the Bureau of Education for the Handicapped is "Closer Look," which responds to requests from parents of handicapped children and to professionals about organizing and maintaining parent groups, and to many others. "Closer Look" offers the following kinds of information without charge:

a. Practical advice to parents: information for finding services for handicapped children.

b. Parent information packet: information designed for the needs of handicapped children and young adults, description of parent organizations, and reading lists.

c. Rights information: explains state laws and lists public education facilities for the handicapped student.

d. Report from "Closer Look": informs parents of events in the world of the handicapped; sent periodically to all users of the information service.

Send all inquiries to: "Closer Look", Box 1492, Washington, D.C. 20013.

Supplement 15:1

Case Study

Teacher-Parent-Child Programming

Mrs. June, teacher of seven eight-year-old children, wanted a strong teacher-parent relationship. To establish this relationship, the eleven steps listed under programming were followed for her class.

1. Mrs. June assessed all the children in her class, using Frederick's Teaching Research Curriculum for Moderately and Severely Handicapped Children. According to the progress record, Bill was able to name objects, but could not use sentences. He could read and write only his name. He could count to twenty, but could not count objects.

2. Mr. & Mrs. Smith, Bill's parents, were called in. They used the self-help section from the Developmental Profile by Alpern and Boll to determine what Bill could and could not do at home. Bill was unable to dress himself and unable to use a table knife for spreading butter or jam on a cracker or bread.

3. The parents and teacher selected four goals based on items from the assessment that they felt were important. They wanted Bill to be able to name in a sentence furniture in the home and school, to read four safety words, and to count twenty objects. While Mr. & Mrs. Smith did not feel it important for Bill to be able to butter his own bread at this time, they did want him to learn to dress himself.

4. Of all the activities they could work on, the four following items were felt to be most important.

5. The four objectives are based on the four goals.

   a. Bill will use the names of five pieces of furniture (chair, desk, table, couch, and bed) in a four word sentence, such as, "That is a ________________." When Bill is asked, "What is that?" he will respond correctly 90% of time. This percentage will be measured only at school, but the parents will keep track of this activity at home also.

   b. Bill will read four safety signs (Keep Out, Danger, Men, and Poison) without error. Mr. and Mrs. Smith want to put these signs at appropriate places in their home and yard.

   c. Bill will count twenty objects without help or error. This activity will be done at home and at school. Mr. and Mrs.

Smith will start Bill with three objects as part of the table-setting activity. Bill will be asked to get three spoons, three forks, etc.

   d. Bill will dress himself without help. This is to be done primarily at home. The parents agree to give some assistance and as Bill progresses they will gradually withdraw the assistance until he is able to dress himself completely.

6. Instructional programs were developed for the four activities.

7. Measurement recording methods and reinforcements were established for the parents to use.

   a. In the sentence naming pieces of furniture, a count would be made of how many times Bill was asked to perform and how many times he responded.

   b. The same type of count would be made on reading the safety signs.

   c. In counting, the parents would request three objects. When Bill is able to count three objects, four consecutive times, the exercise would involve four objects, etc.

   d. In the dressing exercise, each day the parents would check how much assistance was needed.

8. Reinforcement for each success would include praise, hugs and a popsicle.

9. An appointment was made for two weeks following initiation of the program.

10. The teacher and parents met; one goal had been attained and good progress made on the other three goals.

11. A new goal was selected: the meaning of the four safety signs. The other three goals were continued. The procedure for the new activity began at step 6 and continued.

Supplement 15:2

Example: Objectives and strategies for first parent-to-parent group.

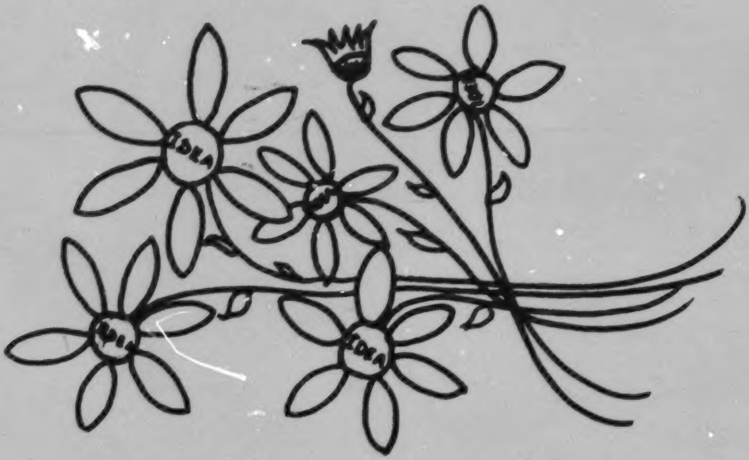
Objective: Parents of South West children will attend parent-to-parent meeting on March 4, 1975 to decide on future agenda items and outcomes for the parent-to-parent group.

Strategy	Who	When
Invitation given at PTA meeting	Leader of parent group	February 3
Each parent invited during parent conference	Principal informs all teachers to invite	February 25
Each parent given a written invitation	Made by child; teachers give invitation	At February 25 conference
Each parent called	Room mothers	Week of March 1
Duplication of notice	Coordinator	March 2
Second notice sent home	Written by teacher A; sent by all teachers	March 3
Baby sitters made available	Teacher B	Ready March 4
Car pools organized	Teacher C	Ready March 4
Refreshments	Teacher D make arrangements	Ready March 4
Meeting conducted	Leader	March 4

Supplement 15: 3

Initial Invitation

Several flowers make a bouquet.....



Do you have concerns, problems or frustrations with your South West School son or daughter?

Then please come and learn how other parents are solving their problems. You can share your experiences and problem solutions in this new parent group. Your experience may be an inspiration and a guide to others who are having the same problems. We'll look forward to meeting you at

SOUTH WEST SCHOOL, TUESDAY ...... March 4, 7:30 to 8:30 p.m.

If you are concerned about getting a baby sitter, just bring your children with you. Baby sitters will be provided.

Please fill in the bottom of this sheet so we can make adequate plans. Return the questionnaire to South West School as soon as possible.

There will be ______ adults from my family at the parent meeting March 4th.

We will bring ______ children, ages ____________________________________

We can / cannot furnish transportation to ______ other people in our area.

We would / would not like to form a car pool with others in our area.

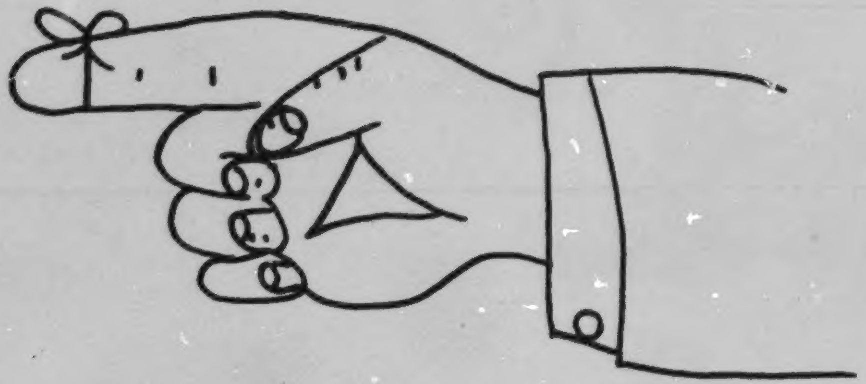
Name ____________________________________

Address ____________________________________

Telephone ____________________________________

Supplement 15:4

Reminder



Please tie a string around your finger
Then don't forget to circle the date.
Line up your car pool, your son or daughter
Check the time--don't be late!

PARENT GROUP MEETING: South West School

Date: Tuesday, March 4

Time: 7:30 to 8:30 p.m.

You may be the shining light
As you share your experience and solutions
Others will listen and gain new insight
To help solve their problems and frustrations.

So hurry and fill out the bottom questionnaire
If you've forgotten to do it before,
Then send it to school....because we care.
We'll look forward to seeing you at the school door.

Please fill out and return to South West School

There will be _____ adults attending the Parent Group Meeting.

There will be _____ children, ages ______________________________

can
We provide transportation for ____ people in our area.
can not

would
We like to form a car pool with others in our area.
would not

Name ______________________________

Address ______________________________

Telephone ______________________________

Supplement 15:5 Discussion Stimulation

"We need guidance from someone who can help us to see that this thing which has happened to us, even though it may be a life shaking experience, does not of necessity have to be a life breaking one."

Mrs. Max Murray

3 R's in working with the retarded child

Routine
Relaxation
Repetition

A loom of simple capacity can go on as long as it lasts, weaving new patterns. The parent should realize that even though complicated designs may not be woven, many, many different patterns within the capacity may be fabricated.

"Hope to the mentally retarded child rests with the hope and courage of his parents; a hope built on understanding and a courage fortified by forthrightness."

Stella S. Slaughter

A parent who loves his child in the truest sense, will think of him as an individual who has the right to grow to be as fully mature as his potentialities permit.

"The blind had their Helen Keller...........The deaf had Beethoven... among the retarded there is none who, through his achievements, could demonstrate to the public his value and the value of those similarly afflicted. It is up to us, then, to uphold the value of these human beings. It is up to us to help extend the respect for human dignity to these creatures also. It is up to us who live with them and who love them. We know what they need and what they can give us."

Dr. Maria Egg

BIBLIOGRAPHY

ELEMENT 15: Parents

Alpern, Gerald D. and Boll, Thomas J. *Developmental profile*. Indianapolis: Psychological Development Publications, 1972.

Baldwin, V.L., Fredericks, H.D. and Bordsky, B. *Isn't it time he outgrew this? or A training program for parents of retarded children*. Springfield, Ill.: Charles C. Thomas, 1973.

Blumberg, A. *The training of parents of profoundly and severely mentally retarded children in handling behavior at home*. Vitro, W.Va.: West Virginia University, Kanawha Valley Graduate Center, 1971.

Cook, C.(Ed.) *Diagnostic and prescriptive programming for the severely handicapped*. Eugene, Ore.: University of Oregon, Northwest Special Education Learning Resource System, 1974.

Council for Exceptional Children. *Exceptional Children*. Reston, Va.: CEC, May, 1975.

Daniel, H.J. and Alston, P.P. Vocational rehabilitation counselor's rankings of the relative severity of profound hearing loss. Journal of Rehabilitation of the Deaf. 1971, *4*, (4), 47-52.

Esche, J. and Griffin, C. *A handbook for parents of deaf-blind children*. Lansing, Mich.: Michigan School for the Blind, Spring, 1969.

Fredericks, H.D. Bud, et al. *The teaching research curriculum for moderately and severely handicapped*. Monmouth, Ore.: Instructional Development Corporation, Teaching Research Infant and Child Center, 1975. (Springfield, Ill.: Charles C. Thomas, 1976)

Grim, J., Lillie, D.L. et al.(Eds.) *Traning parents to teach*. Chapel Hill, N.C.: Technical Assistance Development System, 1975, 4 vols.

Guide to resources for the mentally retarded. Washington, D.C.: Mental Health Law Project, 1974.

Hatton, D.A. *Understanding cerebral palsy, a handbook for parents*. Erie, Pa.: Erie County Crippled Children's Society, 1967.

(continued)

Hobbs, N. (Ed.) Issues in the classification of children. Vol. II. San Francisco: Jossey-Bass, 1975.

Mortenson, R. Leave the light on for Kent. Jericho, J.Y.: Exposition Press, 1971.

Pots and pans activities for parent and child. Chicago: Office of the Superintendent of Public Instruction, Department of Exceptional Children, Instructional Materials Center.

B. Implementation

ELEMENT 16: EVALUATION

Element Definition: This element discusses processes to determine the relative worth, utility and the degree of effectiveness of the instruction and of the program.

Consideration and Justification: Few programs remain unchanged from year to year. Change must be based on evaluation, however, if change is to be targeted to desired improvement; change made only to keep up with a new trend, or to please a supervisor or a client may be an aimless pursuit unless evaluation has led to planned steps that will improve the instruction or the program. Basic to evaluation is the statement of the expected outcome, which is measured by criteria attained along the way. Accountability is a new dimension, and it generally means that the program providers will supply evidence to supervisory staff, parents, clients or taxpayers that will prove that outcomes are being met, that budgets are being spent as specified, and that the program is meeting its responsibilities. With the increasing demand for all children to receive a free, appropriate public education, educators are going to be held accountable as never before. Evaluation can provide a base for accountability, both to the persons served and to those responsible for providing service. Changes based on evaluation of instruction and of programs will help keep a program dynamic and growing in the direction of better programs for students and teachers.

Outcome: Establishment of possible processes or methods for evaluating instruction and program.

1. Instructional Evaluation: Methods for evaluating instructional effectiveness.

2. Program Evaluation: Methods for evaluating program effectiveness.

Element Inventory

1. What methods are used in your program for evaluation of instructional effectiveness?

   a. Children reaching established goals.

   b. Evaluation of the instructional content.

   c. Analysis of teacher-child interaction.

   d. Behavior measurement devices.

2. What methods are used in your service area for evaluation of program effectiveness?

   a. Administrative assessment.

   b. Completion of goals.

   c. Third-party evaluation.

   d. Candid teacher evaluations.

3. Has the evaluation format been developed before embarking on a program for the severely handicapped?

4. What is the format?

Task Analysis

Instructional Evaluation

1. Instructional evaluation is closely tied to instructional program methodology. (Refer to ELEMENT 12: Instructional Program Methodology.)

    a. Plan categorical content; evaluate content.

    b. Plan a specific terminal behavior; measure the outcome and evaluate the results.

    c. Interact with students; evaluate the interaction.

2. Evaluate the instructional content (i.e., Traditional Categorical methodology).

    a. Plan the lesson by predetermining distinct categories of content and methodologies.

    b. Measure whether or not the specified content was covered and if the specified methodologies were used. Use the content matrix.

    c. Evaluate the lesson; determine the appropriateness (utility) and effectiveness of the content for the specific group of students.

3. Evaluate an objective (i.e., Specific Behavior).

    a. Make a task analysis for a specific skill.

    b. State a behavioral outcome with measurable criteria.

    c. Premeasure the outcome behavior before instruction; this determines if it is already an accomplished skill.

    d. Measure the behavior according to criteria following instruction.

    e. Evaluate whether learning has taken place and the "degree" to which it has been accomplished. Determine the next skill to be instructed. Example:

    Outcome: Bill will sit in an adult-size chair with back unsupported and with hands free for a period of ten minutes.

Measure: Bill sits in stated position for ten minutes.

Evaluate: Bill has accomplished the goal; he can sit in this manner for ten minutes. Since he could not do this before or during instruction, it can be assumed that he has learned.

4. Evaluate interaction.

   a. Select a tool for observing and recording interaction between teacher and student.

   b. Observe interaction.

   c. Measure the amount of "teacher talk."

   d. Measure the amount of "student talk."

   e. Evaluate the quality of the exchange and the usefulness of the exchange.

   f. Share the results with the teacher and discuss strategies for improving the communication patterns.

5. Evaluate a child's progress.

   a. Obtain the individual file (ELEMENT 8: Appraisal) with all appraisal information.

   b. Collect all instructional outcomes; make sure all instructional outcomes are recorded. (ELEMENT 8 suggests the inclusion of a performance summary sheet based on curriculum.)

   c. Examine all information gathered.

   d. Make a judgment as to the "worth" of the past instruction. Was the span of instruction relevant for the student? For example, John is a twenty-year old physically handicapped mute. Every year since he was seven he has received speech therapy. This year the therapist placed a "talking board" over John's wheelchair, and he can now point to symbols. He points to a picture of a toilet when he needs to eliminate. He points to a man waving when he comes to therapy and when he leaves. Is this relevant therapy for John?

e. Make a judgment as to the "utility" of the past instruction. When John needs to eliminate he now points to the bathroom sign. Certainly this therapy is useful.

f. Make a judgment as to the "degree" of the effectiveness of past instruction.

g. Decide if another method would be more effective.

h. Determine future goals and behavioral outcomes.

6. Utilize instructional evaluative data.

   a. A third-party should discuss the instructional outcomes with the teacher. Going over the accumulated data obtained from the above outlined techniques can be used as an objective measure of instructional effectivess. Evaluation outcomes can set the stage for changing teacher behavior or increasing teaching effectiveness.

   b. Instructional outcomes, particularly "specific student behavior" outcomes, should be reported to parents as accomplished skills.

   c. Instructional outcomes are one measure of program effectiveness.

Program Evaluation

1. The primary requirement in evaluating a program is to assess accomplishment of the objective of the program.

2. Built into the program model should be a system for measuring the effectiveness of the model.

   a. Administrative measurement:

      (1) In this method, an administrative group from within the program or service area examines the program objectives, measures the outcomes, and determines if the objectives have been accomplished.

      (2) Utilizing the objective information obtained, this group has the responsibility to evaluate the worth, utility and effectiveness of the program.

(3) The group determines program change.

(4) The group then assigns someone the responsibility of making needed changes based on the evaluation.

b. Parent and teacher monitoring:

(1) Monitoring is systematic, planned input about the quality, utility and effectiveness of a program's guidelines and services. The monitors in this case are staff and parents.

(2) Predetermine assessment techniques for monitoring information from parents and teachers.

(3) Create the possibilities to receive and hear candid assessments of the system.

(4) Measure the total results of the monitoring data.

(5) Evaluate how the monitors perceive the worth, utility and effectiveness of the program.

(6) Use the data in making planned change.

c. Third-party assessment:[13]

(1) A third-party is useful when examining the effectiveness of the service model in: program development, utilization of professional staff, curriculum development, remediation techniques, or the learning environment. The third-party evaluation can provide an outside objective viewpoint.

(2) The district must be prepared to provide information needed and to articulate program information to the team.

---

[13] The document listed in the bibiliography, "A Process Model for the Evaluation of Pupil Personnel and Special Education through a Third-Party Team" (Hart, et al), describes one state's approach to this type of evaluation.

(3) The team develops evaluation instruments and procedures (e.g., questionnaires and structured interviews).

(4) The team observes programs and activities, and makes an on-site evaluation. The team can interview: administrative personnel, special teachers, psychologists, social workers, communication specialist and/or speech and hearing clinicians, counselors, vocational teachers, regular classroom teachers, students, parents.

(5) The team makes a second visit to cross-evaluate information.

(6) The data are analyzed.

(7) The evaluation is prepared and presented to the district.

3. A complete evaluation must include:

   a. A criterion for evaluation; an objective statement.

   b. A measurement instrument, as previously discussed, (i.e., administrative measurement; parent-teacher monitoring; third-party assessment).

   c. An evaluation of the worth, utility and effectivness.

   d. A report of the evaluation.

4. An example of a total evaluation process is the Idaho Special Education cost analysis.[14] This analysis was to find the true costs of serving exceptional children as compared to the true costs of serving regular education students. Cost per student was figured with a pupil hour as the unit of measurement. Cost information was obtained on several categories: administrative, instructional material, instructional equipment, instructional space and other costs. A representative and statistically acceptable sample was selected; information was gathered, summarized and evaluated. The outcome of the study was information on the effective placement of and educational services for the handicapped.

---

[14] University of Utah, Rocky Mountain Regional Resource Center. Project Outreach: Final Report. Salt Lake City: University of Utah, RMRRC, 1974. Vol. III of 3 volumes, pp. 45-46.

BIBLIOGRAPHY

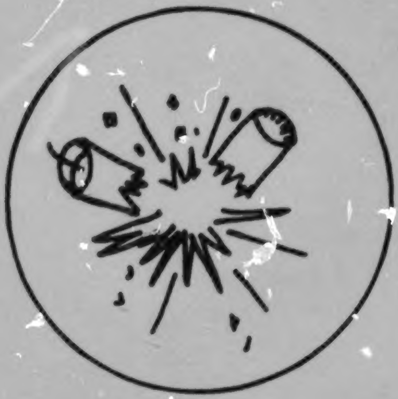
ELEMENT 16: Evaluation

Flanders, N. Analyzing Teaching Behavior. Menlo Park, Cal.: Addeson-Wesley Publishing Co., 1970.

Hart, D.H., Bergera, J.G., Haws, R.J. and Freston, C.W. A process model for the evaluation of pupil personnel and special education through a third-party team. Salt Lake City: Utah State Board of Education, Division of Instruction Support Service, 1974.

University of Oregon, Northwest Special Education Learning Resources System. Diagnostic and prescriptive programming for the severely handicapped. Eugene, Ore.: University of Oregon, NSELRS, 1974.

University of Utah, Rocky Mountain Regional Resource Center. Project Outreach: Final Report. Vol. III. Salt Lake City: University of Utah, RMRRC, 1974. 3 vols.



C. Augmentation

ELEMENT 17: DISTENTION

Element Definition: Distention is the outward enlargement of a program from internal pressure.

Consideration and Justification: The learning rate of the severely handicapped is much slower than that of their "normal" peers. Most states mandate a specific number of years' attendance in school for their citizens. Because of the special needs of the severely handicapped, however, the number of years specified for the general population is insufficient for acquisition of the basic, elementary learning tasks that must be provided for this group. With the increasing awareness of parents about the rights of their handicapped children to equal educational opportunities, internal pressure from parents--and from committed faculty and staff--is pushing at school programs to encompass those who are below and above the traditional school ages. This element addresses such program growth; ELEMENTS 18 and 19 describe other types of expansion and augmentation.

Outcome: Enlargement of the educational program.

Components:

1. Preschool Activities: Activities that occur in a child's life prior to entering school; this time frame begins during the prebirth period.

2. Postschool Activities: Activities that occur in a student's life following graduation.

Element Inventory

1. Check preschool activities that are operating in your service area. Enter the program name, the address, and the name of the contact person on the form.

Maternal and Infant Care

Program Name ______________________________

Address ______________________________

Contact Person ______________________________

High Risk Pregnancy

Program Name ______________________________

Address ______________________________

Contact Person ______________________________

Infant Stimulation

Program Name ______________________________

Address ______________________________

Contact Person ______________________________

Preschool Parent Education

Program Name ______________________________

Address ______________________________

Contact Person ______________________________

Preschool Parent Counseling Groups such as those created for parents of Down's Syndrome children

Program Name ______________________________

Address ______________________________

Contact Person ______________________________

Preschool Programs for Handicapped Children

Program Name ______________________________

Address ________________________________

Contact Person ___________________________

Other Preschool Activities for Handicapped Children including recreation or assistance programs

Program Name ______________________________

Address ________________________________

Contact Person ___________________________

Program Name ______________________________

Address ________________________________

Contact Person ___________________________

Program Name ______________________________

Address ________________________________

Contact Person ___________________________

2. Check postschool activities that are operating in your service area. Fill in the form.

Parent and Student Postschool Counseling

Program Name ______________________________

Address ________________________________

Contact Person ___________________________

Placement Service for Handicapped Postschool Students

Program Name ______________________________

Address ________________________________

Contact Person ___________________________

Advocacy Program for Handicapped

Program Name ______________________________

Address ______________________________

Contact Person ______________________________

Sheltered Worskshop

Program Name ______________________________

Address ______________________________

Contact Person ______________________________

Volunteer Contributive Activity Center

Program Name ______________________________

Address ______________________________

Contact Person ______________________________

Day Time Activity Center (Adult Day School)

Program Name ______________________________

Address ______________________________

Contact Person ______________________________

Others

Program Name ______________________________

Address ______________________________

Contact Person ______________________________

Program Name ______________________________

Address ______________________________

Contact Person ______________________________

Program Name ______________________________

Address ______________________________

Contact Person ______________________________

Task Analysis

Preschool Activities

1. Utilize programs and/or information obtained from programs established for preschool activities; research programs established throughout the state, region, and country.

   a. For example, a Maternal and Infant Care Program could provide needed information on numbers of children who will be needing preschool programs.

      Utah's Handicapped Children's Service has established a High Risk Clinic through a federal grant; other states have made similar efforts. Each state, however, establishes its own criteria.

      Utah defines high risk pregnancy as one which has a high probability for delivery of a premature, health-complicated, malformed, handicapped or still-born child. The ten highest risk pregnancies listed by the Utah Clinic are those of future mothers who:

      (1) are unwed: unwed mothers are most vulnerable to malnutrition;

      (2) have miscarried or terminated a pregnancy with an abortion;

      (3) deny being pregnant after the first trimester;

      (4) have had previous experience with child abuse or neglect;

      (5) are under 18 or over 35 years of age;

      (6) are diabetic;

      (7) have had three consecutive miscarriages;

      (8) have a past history of drug use or drug addiction;

      (9) have attempted suicide;

      (10) have inefficient nutrient reserves to support a pregnancy.

      If a woman fits into one or more of the above categories, the delivery and the child are considered "high risks." When a woman is referred to the clinic, she sees:

(1) obstetrician;

(2) nurse-midwife;

(3) nutritionist;

(4) social worker;

(5) psychologist;

(6) dental hygienist;

(7) pediatric nurse;

(8) pediatric doctor;

(9) health educator.

Together the team determines if the mother is a possible "high risk" and what treatment is necessary. Following the screening the mother receives all prenatal services in the clinic, including medical examinations and the delivery. In addition, the health educator works with her on "parenting," prenatal education, nutritional education and consumer education; these courses are optional. Counseling is also available for the mother. The team is on call to assist the mother twenty-four hours a day.

After birth, services continue for the mother as long as she needs them. For the child, services continue for at least one year; the child receives all physical check-ups, immunizations and a developmental assessment. If any complications are diagnosed, the child is then referred for the appropriate corrective services. These services may include therapy, infant stimulation or early childhood programming.

This is just one example of many programs which can provide information to a school for planning for the children who will be entering a program.

2. Establish Needed Preschool Programs

a. Infant stimulation is one type of school program that might be needed. These programs are based upon providing stimulation and movement training for severely handicapped infants. It may be proposed that a child who is stimulated and who learns to move can move to learn.

One infant stimulation approach outlines activities for the parents to involve the child in the areas of:

Gross Motor Skills

Prehension Skills (use of hands)

Visual Stimulation

Auditory Stimulation

Tactile Stimulation (body awareness)

Social-Communication Skills

Reversal of Bad Habits[15]

b. Establish an educational program for parents of preschool handicapped children.

   (1) Investigate established programs.

   (2) See Exceptional Children, May, 1975; issue is devoted to parent-professional partnership.

   (3) See ELEMENT 15: Parents.

c. Establish a parent-to-parent group or counseling program for parents of preschool handicapped children.

   (1) Use the guidelines in ELEMENT 15: Parents.

---

[15] Sandra Hoffman. "Infant Stimulation: A Pamphlet for Parents of Multiply-Handicapped Children." Denver: Mountain Plains Regional Center for Services to Deaf-Blind Children, 1974.

(2) Decide the purposes of the group: to support each other, to educate each other, to plan activities, to aid adjustment, to aid understanding of needs and capabilities of their preschool handicapped child.

(3) Decide how much "professional" involvement is necessary: as a leader, speaker, visitor, or not at all. (If not at all, discuss how to step aside so parents can run the program.)

(4) Call the parents together and let them decide:

   (a) schedule for meetings;

   (b) the unique purpose beyond the one established;

   (c) the format;

   (d) the time you, as the professional, should be directly involved.

(5) As the professional, serve as the leg person who supplies materials, information or whatever other services are available from your position.

d. Establish a one-to-one dialogue with each child's parents.

   (1) Schedule times to meet with parents as frequently as possible each year before the child enters school.

   (2) Wait for the parents to express needs, then work on those needs together.

   (3) State your concerns about the placement or education of their child. Work on the solution together.

e. Establish a preschool program. Consider:

   (1) purpose for school;

   (2) screening for children;

   (3) funding;

        (4) curriculum;

        (5) staffing;

        (6) family programs;

        (7) facilities;

        (8) evaluation of the program.

    See *Preschool Programs for Handicapped Children: A Guidebook for Development and Operation of Programs* (Moore, ed., 1973); guidelines are presented on the preceeding topics.

    f. Be alert for other programs and services that will give the handicapped child a headstart.

        (1) Look at the national scene.

        (2) Look at other local projects.

        (3) Dare to dream.

        (4) *Ask the parents*!

Postschool Activities

1. Investigate postschool activities throughout the nation for information on successful program.

2. Redirect parent counseling approximately seven years before the last school year.

    a. Work toward acceptance and possible alternatives. (Institutionalization is a sensitive topic. Other alternatives should come as readily to the lips.)

    b. Make it clear *where* and *when* public support ends.

    c. Make clear what the public school can do and what other services can do to support the student.

    d. Make sure the parent feels supported and not alone.

3. Begin long-range goal planning.

    a. After alternatives have been discussed and the parents are ready to make further plans, assist them in planning for the student's future.

b. Outline relevant education in preparation for the chosen alternative. Decide:

   (1) Where the child will live during the parents' lifetime. And after?

   (2) What needs to be learned before school is over?

   (3) What joint projects can the school and home cooperate in to help make the student ready?

c. Establish instructional objectives:

   (1) place of residence;

   (2) first priority skills;

   (3) program with parents.

   See the examples on the following page.

d. Decide what contributive activities will be made available:

   (1) work around the house;

   (2) church work;

   (3) sheltered workshop;

   (4) assistance in living situation;

   (5) helping with children;

   (6) others.

e. Establish:

   (1) instructional activities;

   (2) skills to be instructed;

   (3) programs with the parents.

f. Pull all decisions together to outline the future for the student. Draw a timeline to get him to that point (and farther!).

Examples of instructional objectives for different placements.

Future Placement	Teach student:	Parent-School
Home	1. To wash dishes	1. Set up joint program. School to instruct, parents to monitor.
	2.	
	3.	
Nursing Home	1. To put on underwear	1. Set up joint program. School to instruct, parents to monitor.
	2.	
	3.	
Institution	1. To go to bathroom independently in a lavatory with several toilets.	1. Establish a schedule to take child to many public toilets using a structured program.
	2.	
	3.	
Foster Home	1. To listen, respond, help other adults.	1. Parents encourage child to relate to others. School works on relationships with other helpful adults.
	2.	
	3.	
Group Home	1. To make bed.	1. Set up joint programs; school to instruct, parents to practice and monitor.

For example, Adriane, age 15, will stay with her parents until they are unable to care for her. A trust fund has been set up to keep her first with a sister and later in a nursing home. Adriane's parents want her to care for herself and to assist in the living situations. No outside contributive activities will be available. An example of a timeline for Adriane follows:

	1975												1976
	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan
Obj. 1: Put on all underwear	1st Step Put on panties				2nd Step Put on panty-hose							3rd Step Put on bra	Task completed; Adriane can put on all underwear
Obj. 2: Make bed	1st Step Put on contour sheet	2nd Step Put on blanket	3rd Step Put on spread	Task completed									
Obj. 3: Mix orange juice													
Obj. 4: Comb own hair													
Etc.													

4. Establish a Placement Service.

   a. Assist parents with residential placement

   b. Assist parents with contributive placement

   c. Establish placements in the community in schools, restaurants, hotels, sheltered workshops, etc.

   d. Be a supportive liaison.

   e. Help place student in a recreation program.

   f. Work on financial assistance if needed and requested.

5. Establish an advocacy program. One example is the model being used nationally by the Association for Retarded Citizens (ARC) and Wolf Wolfensberger, who originated the concept of citizen advocacy.[16]

Wolfensberger reported that the concept of citizen advocacy is for those in the society who need special spokesman and who need protection because they lack a voice, lack an intelligible voice or lack an empowered voice. Citizen advocacy requires a competent citizen volunteer who will represent as his own the interest of the impaired citizen to:

a. Solve practical, material problems:

   (1) shopping, transportation;

   (2) representation with agencies and law;

   (3) insure access to education and training;

   (4) help enjoy recreation;

   (5) help administer income and property.

b. Work with expressive tasks:

   (1) meeting needs of relationships;

   (2) communication;

   (3) love and support.

c. Instrumental and expressive:

   (1) work with needs and relationships.

Not all advocates supply all these services. It is up to the advocate and the citizen to establish an honest fulfilling relationship. To implement this program, Wolfensberger suggests:

---

[16] Wolf Wolfensberger. Information credited to Wolfensberger is from his presentation to the State Convention, Utah Association for Retarded Citizens, Oct., 1974, Salt Lake City, Utah.

a. An advocacy office with a paid staff who:
    - (1) refine concept;
    - (2) implement;
    - (3) disseminate.

b. Potential advocates who are:
    - (1) recruited;
    - (2) screened;
    - (3) oriented;
    - (4) matched with citizen.

c. Qualifications for an advocate:
    - (1) commitment to the concept of advocacy;
    - (2) willingness to undergo oreintation and preparation for the task;
    - (3) good character (as perceived by the community);
    - (4) continuity and stability;
    - (5) willingness to join community action group.

Further information about the advocacy concept can be found in practice and through the National Association for Retarded Citizens.

6. Establish an extended educational program.

    a. Consider an extended education term. Some states are working on legislation for free public education for the handicapped until age 30.

    b. Assess what has not happened educationally for the severely handicapped.

    c. Decide how to make it happen.

    d. Consider including education for human and sexual relationships.

   e. Consider updating dressing skills from the basics to appropriate selection of clothes.

   f. Consider socialization from the adult point of view.

   g. Consider eating from the point of view of selection, rejection and preparation.

   h. Look at adult type choices in life. Develop a program for assisting the handicapped to live in that style.

7. Establish recreational programs.

   a. Research the recreational activities now being implemented for the handicapped. Decide how these activities can be adapted for the severely handicapped.

   b. Cooperate with ongoing community recreation programs. Help them accept the idea of serving the severely handicapped; help them design an appropriate program.

   c. Utilize school staff.

   d. Utilize parents.

   e. Establish goals for movement, fun, learning and socialization.

8. Consider an adult day care center.

   Several such centers have started in Utah. These centers carry on the same type of activities as the old day care centers did for handicapped children who now are primarily in public school programs. Adult day care centers provide a place away from the residence where adult handicapped people can socialize and remain active. While the idea may appear elementary, it provides activity; if structured correctly, it provides training; it provides socialization and recreation; and it gives the family a break. Finally, it may also provide an example to legislators and others about the need for and the effectiveness of continual programming.

9. Develop working situations.

If no sheltered workshop is available, unify the parents and community leaders to establish one or more.

10. Establish a cooperative community transportation system. Many times handicapped persons cannot particpate in available activities because adequate transportation is nonexistent or too expensive.

    a. Train the handicapped student to travel.

    b. Make special bus arrangements.

    c. Establish a car pool system.

    d. Make sure each activity has several transportation alternatives.

    e. Make sure each student has the means to travel.

BIBLIOGRAPHY

ELEMENT 17: Distension

Channey, C. and Kephart, N. *Motoric aids to perceptual learning*. Columbus, Ohio: Charles E. Merrill, 1968.

Council for Exceptional Children. *Bibliography for recreation*. Reston, Va.: CEC, 1975.

Crain, J. *Early Childhood education for diversely handicapped children*. Springfield, Ill.: Office of the Superintendent of Public Instruction, Department for Exceptional Children, 1974.

Exceptional Children. The parent-professional relationship (Special issue). 1975, *41*, (8).

Facilitating educational achievement through telecommunications (FEATT). West Lafayette, Ind.: Purdue University, Purdue Achievement Center for Children, 1976.

Friedlander, B.Z. et al. *Infant stimulation: Automated psychological evaluation with severely retarded institutionalized infants*. Cleveland: Western Reserve University, Mental Development Center, 1975.

Guide to information resources programming for persons with handicapping conditions through physical education, recreation and related disciplines. Washington, D.C.: American Association for Health, Physical Education and Recreation, 1975.

Hobbs, N.(Ed.) *Issues in the classification of children*. Vol. II. San Francisco: Jossey-Bass, 1975.

Hoffman, S. *Infant stimulation: A pamphlet for parents of multiply handicapped children*. Denver: Mountain Plains Regional Center for Services to Deaf-Blind Children, 1974.

Kephart, N. *The slow learner in the classroom*. Columbus, Ohio: Charles E. Merrill, 1971.

Kimbrell, D.L., Kidwell, F., and Hallum, G. Institutional environment developed for training severely and profoundly retarded. *Mental Retardation*, 1967, *5*, 34-37.

(continued)

Bibliography
Element 17: Distension (continued)

Moore, C. (Ed.) Pre-school programs for handicapped children. Eugene, Ore.: University of Oregon, Regional Resource Center for Handicapped Children, 1973.

Pavenstedt, E. and Bernard, V.W. Crises of family disorganization-programs to soften their impact on children. New York: Behavioral Publications, 1971.

Physical and recreational programming for severely and profoundly mentally retarded individuals. Washington, D.C.: American Alliance for Health, Physical Education and Recreation, 1974.

Recreation and physical activity for the mentally retarded. Washington, D.C.: Council for Exceptional Children and American Association for Health, Physical Education and Recreation, 1974.

Recreation for the handicapped - A bibliography. Carbondale, Ill.: Southern Illinois University, 1967.

Rossett, A. Parenting of the pre-school exceptional child. Teaching the Exceptional Child. Summer, 1975.

Starkovich, P. Two year study of Northwest Regional Center's summer sessions for preschool, rubella, deaf-blind children. Vancouver, Wash.; Northwest Regional Center for Deaf-Blind Children, 1972.

C. Augmentation

ELEMENT 18: EXTENSION

Element Definition: Extension relates to those activities which stretch beyond the operation of a program to bring forth extended services that will be of benefit to the handicapped student, to the program and to the community.

Consideration and Justification: Traditionally, the severely handicapped have been isolated from the community. Isolation has fostered several consequences. First, isolation of the handicapped is seldom questioned. Second, growth and new experiences for the handicapped have been impeded. Third, many people in the community, because they lack first-hand information about the severely handicapped, harbor misperceptions and misapprehensions about this group of citizens. Finally, severely handicapped students have not had an opportunity to learn the acceptable social rules of the community.

Extending the program into the community can begin to resolve some of these consequences. Extension opens up the program to visitors and to supporters. It allows new experiences for both the handicapped and for others.

It begins to bridge the mysterious gap between the isolated severely handicapped and the community. When possible, the severely handicapped student learns to use the community's facilities and services. In the balance, all benefit from the relationship.

Outcome: Exploration and the establishment of extended services for a school program.

Components:

1. Training: The placement of university students from the education and therapy departments to assist the program and to provide field experience training for the students.

2. Community Activities: Activities that involve students from the school program in community enterprises.

3. Test School: Encouragement by school administrators for companies and researchers to bring new programs and methodologies into the school for field testing.

4. Modeling: The school becomes an exemplary center modeling new methodologies and curricula. Or: the school is OPEN to visitors and willing to share ideas.

Element Inventory

1. Do student teachers and student therapists work in your program?

   yes no

2. If yes, how are they assigned? What responsibilities do they take? How are they of benefit to the program?

   ____

   ____

   ____

3. How do the severely handicapped students from your program participate in the community?

   _____ take walks

   _____ go to a restaurant

   _____ ride buses

   _____ bowl

   _____ roller skate

   _____ swim

   _____ go to a store

   _____ attend plays

   _____ attend movies

   _____ visit small businesses

   _____ visit industries

   _____ watch other students work

   _____ visit the library

4. Are there any programs being field-tested in your school?

yes   no

If yes, what are they?

Name ______________________________

For what purpose? ______________________________

For which students? ______________________________

5. How open are your programs?

a. Do people visit? ______________________________

b. Are people invited to visit? ____________________

c. Do the teachers share ideas? ____________________

d. Are joint workshops held with other programs?

____

e. Are teacher and aide exchanges arranged? _______

f. What other sharing activities are happening? ___

____

____

Task Analysis

Training

1. Contact local universities and colleges:
    a. Arrange for administrators from the education, therapy and other departments to visit the school program.
    b. Discuss how each party could benefit from the practicum placement of university students in the program. Sell your idea. On-site training will be invaluable for the students. Universities, too, need information on actual field needs to maintain viable, progressive departments.
    c. Make arrangements for consistent student placement.
2. Contact distant universities and colleges.
    a. Make arrangements similar to those you make with local universities and colleges.
    b. Establish living quarters for the students in homes--preferably in the homes of handicapped students from the program.
3. Establish a supportive training program.
    a. Meet daily with the university students.
    b. Assist them whenever possible.
    c. Allow them to interact and work with all staff in the program: with each teacher, each therapist, each specialist, with the cafeteria workers, the psychologist and evaluators, and the administrators.
4. Consider involving students in crisis-interventions:
    a. health or first aid;
    b. behavioral outburst;
    c. toilet accident;
    d. runaway;

    e. classroom management;

    f. first therapy session in water, etc.

5. Name one staff member to assign and assist the student trainers.

6. Make the university students a part of the total school function; include them in meetings and parties.

7. Hold on-the-spot training. If a problem arises that they do not understand or know about, refer them to a knowledgeable person, a book, a movie or to observe a handicapped student.

8. Use the student trainers as tour guides for school groups. Allow them to be open and candid to encourage a new viewpoint of the program.

9. Have existing student trainers:

    a. evaluate the program;

    b. plan for new trainers;

    c. work as public relation agents in the community.

Community Activities

1. Decide what community enterprises are available for participation by students in your program. Investigate those listed under the Element Inventory and others. In some communities, the list may include skiing or farm excursions. Look at all available resources.

2. Talk to the owner or manager of the enterprise. Explain about your group of students. Ask for his help in having the students visit or use the facilities.

3. Start with the most receptive places.

    a. Arrange a time schedule.

    b. Make sure all employees of the establishment are aware of the visit.

    c. Bring the students.

    d. Arrange for the owner to welcome them.

    e. Participate in the activity (visit, skate, swim, etc.).

    f. Thank the owner.

4. Students should be well prepared for their visit.

    a. Pictures of the place and of the people will help with the initial adjustment.

    b. Role-playing experiences will be helpful.

    c. Students' appearances must be up to community standards.

    d. Students will behave acceptably.

    e. Students will carry an identification card with: name, name of parent/guardian, address, phone number, date of birth, and possibly the phrase, I AM HANDICAPPED.

    f. Students should be grouped in manageable group sizes by approximate age ranges.

5. One teacher or a group of teachers should be responsible for planning and for the sojourns. Aides and practicum students should be available to assist.

6. When possible, the students should select their destination in a planning session.

7. Participation in community activities should be conducted as teaching-learning experiences.

    a. Write objectives for what is to be accomplished. Example: "The student will find a restroom on his own, or he will ask for help."

    b. Pretest students on the objectives.

    c. Following several trip experiences, re-test the student on the objectives.

8. Consider small one-to-one or two-to-one Saturday excursions.

9. Follow-up each visit with a thank you drawing or a picture to the manager of the establishment. Such gestures aid acceptance and openness.

10. Take movies or pictures of the excursions and show them to the students, the parents, and to the community.

11. Video-tape the student in action. Replay the video tape and discuss how to correct inappropriate behavior with the student's help.

12. Keep a record on community reactions and lessons learned; this will help programming and aid in understanding the situations that confront parents.

13. Consider other involvements in the community, such as:

    a. Student exchange:

        (1) Invite students from other schools to your school.

        (2) Take your students to other schools.

        (3) Spend an entire day following the routine of the visited school.

        (4) Interact with students.

    b. Respite home:

    Operate a respite home in the homes of residents of neighboring communities. While in the home, students can prepare meals and practice other homemaking skills with assistance from those who live there. Establishment of a respite home can also give the parents of the severely handicapped a few days rest from their responsibilities.

    c. Work experience.

    Use cooperating homes for work experiences. On assigned days, students visit homes in the community. While there, they clean, prepare meals or make repairs under supervision. Homes of the aged may be one choice for this placement. Such cooperation can be mutually beneficial for the homeowner and for the student.

Test School

1. Contact all departments of special education in state universities and colleges; investigate their current research projects, and arrange for involvement of your program if appropriate.

2. Advertise in trade journals expressing your desire to try relevant new methodologies.

3. Contact curricula and equipment companies. One example involves the Cerebral Palsy Communication Group which invented a communication machine for cerebral palsied children. The Autocom Machine can print a tape, run a typewriter, flash messages on television and reproduce verbal messages. The communication group sought people to field test the equipment at no charge.

4. Assign one person the responsibility for coordinating all field testing.

    a. Establish criteria for methods, equipment, curricula, etc. that will guide selection of what to accept for field testing.

    b. Establish timelines for field testing efforts.

    c. Establish a control group.

    d. Establish a method for measuring the effectiveness of the item or method being tested.

    e. Establish a reporting system for the results.

    f. Assign teacher(s) to field test.

    g. Support the teacher's efforts.

    h. Initiate public relations and disseminate information concerning the efforts being made.

5. Implement at least one project a year and as many more as can be effectively handled.

6. Evaluate:

    a. The effectiveness of the tested item or methodology;

    b. the effect on the children, school or staff.

Modeling

1. Adapt facilities so that they are conducive for observation, visitation, and interaction.

    a. Plan for classrooms with open space larger than needed to serve the students around all instructional areas.

    b. Open up the classrooms.
    c. Install one-way mirrors if this is in keeping with the overall school philosophy.

2. Prepare staff to share and demonstrate.
    a. Observe their instruction.
    b. Support their instruction.
    c. Aid them every way possible.

3. Establish an open, accepting environment.
    a. Give teachers the opportunity to exchange and to share with each other.
    b. Use staff meetings to point out accomplishments of staff members.
    c. Arrange communication so the entire staff is aware of other staff member's events, accomplishments, schedules, and curriculum.
    d. Work on an "open" curriculum development program:
        (1) structure the school so that measures of accountability may be observed;
        (2) post students' goals and progress charts for teachers and visitors.

4. Invite visitors; provide opprotunities for them to interact with students.

5. Demonstrate field-tested methodologies.

6. Invite visitors to participate in faculty inservice or workshops.

7. Arrange teacher exchanges with other schools.

8. Rotate responsibility for tours through the facilities to all the members of the staff at different times.

9. Regroup students and update curricula and school operations.

10. Have an open door policy. Remember that when you are on display, you probably do your most effective work.

BIBLIOGRAPHY

ELEMENT 18: Extension

Bardwell. A community involvement program for the trainable adolescent. Teaching Exceptional Children. Summer, 1975.

Haring, Norris G. The American Association for the Education of the Severely, Profoundly Handicapped Child Development and Mental Retardation Center. Experimental Education Unit WS-10, University of Washington, Seattle - 98195.

C. Augmentation

ELEMENT 19: EXPANSION

Element Definition: Intentional development to increase the internal scope of the program and the expertise of the staff.

Consideration and Justification: Consequences of the past isolation of the severely handicapped have been extensive. As discussed in ELEMENT 18, the severely handicapped and those in the community at large have been denied the opportunity to interact with and learn from each other. The isolation has also fostered a laissez-faire situation wherein curriculum development has been neglected, and the need for relevant educational programs for this group has gone unrecognized. In most areas, guidelines have not been formulated on the types of training or certification needed by teachers of the severely handicapped; too often, staff members have been isolated from changing educational trends.

Now that education for the severely handicapped is viewed as relevant--and indeed vital--the scope of the educational services must be expanded. The curriculum must grow to meet the needs of the students. Staff members must obtain the skills needed to deliver appropriate services for education of the severely handicapped.

Outcome: Establishment of firm plans for expanding the curriculum and upgrading staff capabilities.

Components:

1. Curriculum Development: A continuous process for expansion of curriculum and methodologies.
2. Staff Development: A continuous process for enhancing staff members' experiences and growth.

Element Inventory

1. What procedures do you utilize for updating curriculum?

2. Who is responsible for updating curriculum?

3. What provisions are made for staff development?
    a. Preemployment formal education.
    b. Preemployment training.
    c. Preemployment orientation.
    d. Postemployment consultive and supportive services.
    e. Inservice meetings.
    f. Inservice workshops.
    g. Teacher exchanges.
    h. Teacher attendance at other workshops.
    i. Teacher attendance at demonstrations.
    j. Teacher attendance at conventions.
    k. Support for continued education for teachers.
    l. Any or all of the above for aides.

        Which ones?______________________________

    m. Any or all of the above for other professional staff.

        Which ones?______________________________

Task Analysis

Curriculum Development

1. Make graphic representations of each of the curricula used in the program and post them, or have a complete copy readily available to the staff.
    a. Make sure all main objectives are listed.
    b. Add all subskills.
    c. Make a task breakdown by skill level or developmental level.
    d. Include the criteria for success.
2. Have a curricula development suggestion box.
    a. Request that teachers and aides put their reactions to the curricula in the box.
    b. Encourage teachers and aides to deposit activity ideas in the box.
    c. Empty the box on a regular basis (each week, every other week or monthly).
    d. Summarize the suggestion box contents at a faculty meeting.
    e. Duplicate a list of the activities and distribute at the meeting.
3. Give each teacher a copy of the total curriculum.
    a. At faculty meetings discuss reactions and suggestions made, and solicit ideas for other changes.
    b. Each teacher can note these suggestions on his or her individual copy.
    c. If the need for change appears crucial facilitate faculty consensus on adoption of a suggestion or a relevant alternative.
4. Hold updating sessions.
    a. Set a timeline to make major changes (i.e., at the end of the year, mid-year, etc.).

b. Put at least one day aside for this activity.

c. Include all members of the staff.

d. Invite resource people.

e. Make changes subject to teacher consensus.

5. Add new dimensions to your curriculum.

   a. Start looking at the curriculum from a three-dimensional point of view (parent-child-future).

   b. Start drawing relationships between objectives.

   c. Extend the objectives outside of the school or facility.

   d. Look at criteria and decide if they demand too much or too little.

   e. Look at the assessment criteria that proceed tasks. Make sure they adequately test the task.

   f. Develop a total assessment from your curriculum.

   g. Make adaptations of the curriculum for different handicapping conditions. (Consider, for example, an expressive language skill. What would be expected from the deaf child? The severely cerebral palsied child? The mute child?)

   h. Break down more tasks.

   i. Extend the developmental levels.

6. Assign a person the responsibility for coordinating all curriculum development.

   a. One of the teachers could be assigned on a yearly rotating basis.

   b. Someone could be hired for this responsibility.

   c. The curriculum development coordinator would:

      (1) Empty the suggestion box.

      (2) Summarize the contents.

      (3) Conduct curriculum sessions in faculty meetings.

        (4) Meet with teachers individually.

        (5) Be sure each new change is tried.

        (6) Call for and conduct updating sessions.

        (7) Write or have others write year-end final changes.

7. Consider other updating procedures.

    a. Call in resource people.

    b. Form a teachers' task force.

    c. Request third-party evaluators to make suggestions.

8. Update and adapt the curriculum to the educational needs and the individual needs of the exceptional children in the program, and to your needs.

Staff Development

1. Set preemployment requirements; these set the stage for continued development.

    a. Completion of a degree from an institute of higher education.

    b. Completion of courses that you deem necessary for instruction.

    c. Completion of your service area training program. For example, some group homes in Utah are manned and administered by an educational service group called Project TURN. These administrators feel that anyone working in one of the group homes must have the right background. By designing their own training program, they are assured that staff members have similar backgrounds plus adequate abilities and understanding. Their training course includes: psychology of adolescents, mental retardation, methodologies, counseling, and understanding of "normalization" principles.

    d. Hold preemployment orientations so that teachers are aware of the children's needs and school operations.

2. Before a teaching year begins, establish a scheme for staff development.

3. Consider the needs assessment approach for developing the scheme. (See Supplement 19:1 for an example.)

    a. Assemble all staff.

    b. Explain that the purpose for being together is to hear every need and assure staff that each expressed need will be accepted as legitimate.

    c. Divide the staff into groups of no more than twenty people. Arrange the groups, if possible, so that the less-vocal people will be able to express their needs.

    d. Use a skilled facilitator to draw out the needs of the group and to maintain a climate wherein everyone is comfortable in participating.

    e. Assign a person from the group to record needs on a large piece of chart paper.

    f. Set a time limit--no more than twenty minutes.

    g. Open the session to the teachers.

    h. Set the ground rule that no one may amend anyone else's statement. (Each may add his own statement, however.) Another ground rule is that all needs will be accepted as presented and negative reactions or reasons why an expressed need cannot be met are off limits.

    i. Have the recorder write each statement or question as given.

    j. When time is up, bring all the small groups together.

    k. Hang the recorded statements so that they are visible to everyone.

    l. It is the job of the group to "gestalt" or to integrate ideas into units. This may be done by selecting a unit title, such as, "parents." Then all need statements concerning parents would be included under that category.

    m. Set a ten-to-fifteen minute time limit on this activity. Keep it moving fast.

    n. Explain the need-fulfillment process.

      - (1) Members of the group may select a unit that interests them, form groups and determine how the need may be fulfilled.
      - (2) The group may decide a resource person is needed.
      - (3) An administrator may determine that some needs are his responsibility.
      - (4) The total group may have other solutions.

4. Encourage "on-the-spot" staff development. Use a resource person, consultant, supervisor or a person skilled in education and in working with people. The person filling this role should:
   - a. Be a part of every classroom; build rapport so that each door is open for assistance.
   - b. Work with the teacher.
   - c. Work with the teacher for problem resolution by:
      - (1) joint problem-solving efforts;
      - (2) demonstrating skills;
      - (3) teaming for lessons;
      - (4) writing programs or task skills;
      - (5) bringing materials and equipment;
      - (6) working on methodology and instructional style.

5. Hold inservice meetings.
   - a. Use content defined by the staff needs assessment or by apparent needs as viewed by the administrator, curriculum teacher, and/or resource person.
   - b. Establish the need for the meetings with the staff.
   - c. Make the inservice sessions vital, informative and useful.
   - d. Be sure that the staff members walk away with a thought and a tangible item.

   e. Vary the format:

      (1) Have a resource person lead the session.

      (2) Have a topic that is open for discussion.

      (3) Schedule a demonstration by one or more staff members.

      (4) Develop or make materials.

      (5) Demonstrate with children from the program. Then have the teachers try the methods with the children.

      (6) Role play.

6. Schedule inservice workshops.

   a. Hold a workshop when a longer session is needed to be productive. A workshop usually has a product.

   b. Use content defined by the staff needs assessment or based on a need perceived by the school administrator, curriculum teacher, district administrator, university adviser or resource person.

   c. Make sure the content is well planned. (See supplement 19:2 for an outline of a workshop that evolved from a staff needs assessment.)

   d. Make sure the procedure is well planned and coordinated.

   e. Utilize all staff members by assigning responsibility.

   f. Invite teachers and administrators from other schools and service areas.

7. Have teacher exchanges.

   a. Make arrangements with other schools, clinics, or institutions to exchange teachers.

   b. Match teachers with similar jobs and have them change places for a day or two. For example: Exchanges made this year were between a special public school and a high school. The home economics, gym, and shop teachers from each school exchanged places for two days. The home economics teacher for the retarded had thought she had a nearly impossible job. After spending two days with the high school girls, she revised her ideas. She returned to the special school with new vitality and enthusiasm. At the same time, the high school teachers had a new understanding and appreciation for "special schools."

   c. Arrange exchanges for teachers and aides with those who have dissimilar roles.

      (1) For instance, place a special teacher in a first grade or a sixth grade.

      (2) Or place an aide in a public school to help tutor students in a reading program.

   d. Make exchanges for one-half day. This would permit observation of and participation in a variety of experiences.

8. Provide opportunities for teachers to share other experiences outside of the school.

   a. Plan lunch together at another location, such as a restaurant or a high school.

   b. Set up a schedule for each teacher to visit other schools several times during the year. Have other teachers take the visiting teacher's class or hire a substitute.

   c. Obtain schedules of other local workshops. Allow some teachers to attend on a rotating basis; then have them share their new knowledge at faculty meetings or by scheduling their own inservice meeting.

9. Encourage and support attendance to conventions.

   a. Set up a criterion for the number of conventions and/or days allowed per year for teachers to attend conventions.

   b. Support financially these efforts as much as possible. For example, one school district allows all teachers to attend one state convention per year for the first three years. Also each teacher is allowed to attend one national convention every other year for the first five years. After five years, teachers are allowed to attend two state and one national convention or workshop per year. The district supports these efforts by providing a substitute and contributing 40% of the cost.

   c. Provide opportunities for teachers to share their experiences and information.

10. Allow and encourage the teachers to create and innovate by:

    a. conducting inservice meetings;

    b. designing demonstrations;

    c. developing curricula;

    d. having opportunities to share their innovations at other schools, state and national demonstrations, workshops and conventions.

11. Make similar efforts with all professional staff.

12. Make similar efforts with all other nonprofessional staff members including the maintenance man and the cafeteria supervisor.

    a. Consider having the maintenance personnel attend a vocational preparation workshop. They may be providing maintenance training for your students; enhancing their knowledge and skills will pay off with students.

    b. Consider workshops on nutrition for your cafeteria workers or attendance at the national dieticians convention.

    c. Consider using trained personnel to assist new personnel and teachers.

13. Consider each opportunity and the people most likely to benefit from that opportunity. Then support the activity and plan for it to happen.

Supplement 19:1

Needs Assessment and Subsequent Events

The following needs assessment procedures were developed by the two staff members at the demonstration project. This method was used at two schools for the moderately and severely handicapped.

1. The staff was assembled. (In one school the principal distributed a comic but formal invitation. See 19:1:A.) The purpose of the session was explained to the assembled staff by pointing to the "lack" of available answers. Each staff member was given a sheet containing the two objectives and outcomes for the workshop. (19:1:B)
2. The staff was divided into two groups. This was done carefully so that all members would have a voice.
3. The demonstration staff members served as group facilitators. They established ground rules and encouraged all responses as the group began working on Objective 1 (to list 15 questions).
4. A member of each group was selected as a recorder. He or she wrote each question as given on a large piece of chart paper.
5. In the fifteen-minute time frame established for brainstorming questions, each group generated more than 30 questions. (At the second school each group came up with more than 40 questions.)
6. Each question was written as given without amendment. (The facilitators found that they allowed more freedom for participants the second time they used this format.)
7. After fifteen minutes, the total group reassembled.
8. The charts from both groups were displayed for the total group.
9. The group then gestalted the questions into general categories, which were entered under Objective 2. (Examples of the questions in two of the groups are included as 19:1:C and 19:1:D.)

19:1:A

OGDEN-WEBER EDUCATION CENTER
1100 Orchard Avenue
Ogden, Utah

March 4, 1975

TO: Staff (Certified and Aides)

FROM: William H. Hudson

SUBJECT: Workshop

A funny thing happened on the way to school. We have come up with a unique name for our in-service workshop to be held Thursday, March 6, at 2:30 P.M. The name of our workshop is: "Everything I always wanted to know about teaching but had no one to ask."

There's going to be plenty of refreshments and opportunities for you to give input on your needs and questions. Come prepared to enjoy a great afternoon with Merrill Johnson and Susan Harrison.

/s/ William Hudson

"Everything I've Always Wanted to Know About Teaching* and Had No One to Ask"

*Teaching Moderately to Severely Retarded Students

Objective 1

At the conclusion of this hour each group will have compiled at least 15 questions about teaching severely retarded.

1. ______________________________
2. ______________________________
3. ______________________________
4. ______________________________
5. ______________________________
6. ______________________________
7. ______________________________
8. ______________________________
9. ______________________________
10. ______________________________
11. ______________________________
12. ______________________________
13. ______________________________
14. ______________________________
15. ______________________________

Criteria met yes _____ no _____

(continued)

Objective 2

At the conclusion of this hour each person will have selected one "topic group" to work with as either a planner, resource, coordinator, and/or evaluator.

"Topic Group"

Group members

1. ______________________ 2. ______________________

3. ______________________ 4. ______________________

5. ______________________ 6. ______________________

7. ______________________ 8. ______________________

Criteria Met yes _____ no _____

19:1:C

GROUP TOPIC A: PARENTS

Members:
1. G.S.
2. M.F.
3. B.H.
4. C.P.
5. T.K.
6. A.R.
7. R.J.
8. N.S.
9.
10.

Questions:

1. How to have parents help with emotional problems of their children?
2. How to teach self-motivation when no home co-operation/with co-operation?
3. How can we have socialization in situations after school?
4. How can we guide most adults into letting students assume responsiblity for themselves (or letting them do for themselves)?
5. How can we stop doing things for the students that they can do for themselves?
6. How can we get parents to change their attitudes and methods toward the students?
7. How can we more effectively communicate with parents in getting them to change their attitudes and methods with the students?

19:1:D

GROUP TOPIC G: COMMUNICATION

Members:
1. B.I.
2. M.E.
3. S.B.
4. D.H.
5. B.C.
6. V.A.
7. M.S.
8. N.S.
9. C.D.
10. M.B.

Questions:

1. How can we more effectively communicate with parents in getting them to change their attitudes and methods toward the students?
2. How do we change the word "retarded" in notes?
3. How do we (the teachers) communicate to the parents what education is?

10. Ten minutes was the time limit for this activity.

11. Each staff member selected a topic of special interest; the group selected would determine the ways to approach the problem for solution.

12. Each small topical group then met using a planning sheet (19:1:E). The topical group work included:

    a. deciding what the needs statements meant;

    b. combining the statements into from one to a maximum of four problem statements;

    c. inverting the problem statements into objectives;

    d. deciding what resources could help fulfill the objectives;

    e. making assignments to investigate these resources;

    f. setting a date to meet again and to design a format for meeting the objectives;

    g. giving each member of the committee some responsibility for helping the group fulfill its objectives.

13. Each group set up a schedule for its next meeting. The agenda for the parent group and the list of alternative approaches elicited by the group are included as examples representative of all small group work (19:1:F and G). Each alternative from the parent group was carried through.

14. Three of the alternatives were developed in-depth, and major outcomes resulted:

    a. a parent-to-parent group was established;

    b. a series of workshops on improving communication skills was held;

    c. a library for parents was established.

15. The facilitators began by supporting the small groups and providing resources as needed; the teachers and aides assumed more and more responsibility and finished the tasks without the aid of the facilitators.

I. Topic____

II. Group Members

______________________________ ______________________________

______________________________ ______________________________

______________________________ ______________________________

III. Objectives (One or two objectives that will answer question needs and explain outcome.)

IV. How (Activities and assignments that will facilitate meeting of objectives.)

V. Within what time frame

a. one hour lecture
b. school wide activity
c. working workshop
d.
e.

VI. Next meeting

19:1:F

AGENDA - PARENT GROUP

Workshop #1

November 21, 1974

Introduction:	C.P., Teacher Invitation to participate, introduction of people invited.
Video taped presentation:	B.M., Social Worker Discussion of past experiences with parent groups at the school. Possibilities for improving communication with emphasis on active communication and listening.
Video taped presentation:	B.B., Principal of a Special School Discussion of parent programs at another school. Several strategies for establishing home programs and eliciting parent cooperation.
Presentation:	M.B., University Faculty Member Presented information on new course being instituted at the university for communication with parents.
Group work on alternatives:	All attendees (see 19:1:G).

Parent Topic Group

Objective: At the end of the hour, the group will have listed available alternatives for improving communication with parents that are applicable to this school.

1. Video taping of students
2. Weekly reports to parents
3. Phone calls
4. Monthly Newsletter
5. Community resources for parents and teachers
6. Questionnaire (to parents for their needs)
7. Grouping parents for discussion and socialization
8. Parent association in addition to PTA
9. More training on communication skills
10. Library for parents with books about children with problems and solutions for these problems

Supplement 19:2

Workshop Following Needs Assessment

The following is the format used for a workshop in the demonstration school.

1. The needs assessment "Everything I've Wanted to Know About Teaching..." established that language for the severely retarded was a top priority.

2. The demonstration staff located an expert, Dr. Louise Kent, who was contacted and arrangements were made for a workshop.

3. A letter of invitation was sent throughout the state (19:2:A).

4. Included was a registration form (19:2:B).

5. The events of the workshop were carefully timed (19:2:C). Several considerations were made: first, all the teachers at the demonstration school wanted to attend and a full school of substitutes was an impossibility; second, it was arranged so that each participant could see more than one demonstration.

   a. On Thursday, demonstration sessions were scheduled. Dr. Kent presented a language assessment and instructional demonstration for sessions A through D.

   b. Concurrently, Mrs. Cherritt presented a total communication assessment and instructional demonstration for sessions E through H.

   c. Each session lasted 30 minutes.

   d. Five minutes were given between sessions.

   e. Each session featured a representative child by age, intelligence, and language ability.

   f. The demonstrations were performed with students from the demonstration school.

   g. Questions and answers followed each session.

   h. The afternoon featured a methodology lecture applicable to all instruction for the severely handicapped.

   i. Thursday was designed as a complete workshop and package for some participants.

6. On Friday, the number of participants was cut in half, and only those who intended to implement the program were in attendance.

   a. In the morning, Dr. Kent and Mrs. Cherritt covered the language program in depth. Included were a difficult assessment and an overview using the book, Language Acquisition Program for the Severely Retarded.

   b. The afternoon consisted of a unique practicum session.

   c. An assessment was made of children in the school who were considered the lowest in language.

   d. A profile was made of each student and a photograph of the student was included (19:2:D).

   e. Participants selected by the profile the child they wanted to work with.

   f. Language centers were set up in two rooms under the supervision of Dr. Kent and Mrs. Cherritt.

   g. Then the participants worked with the students using methods learned throughout the workshop.

7. Dr. Kent's language program books were available for sale at the workshop.

8. The workshop was evaluated by the participants (19:2:E summarizes the evaluation).

9. Some results from the workshop included:

   a. Extensive language programming in the demonstration school.

   b. Use of manual communication (successfully) with several students.

   c. More complete language and hearing assessments.

   d. A course for total communication from one of the teachers for parents and teachers (19:2:F).

   e. Demonstrations of methods in other schools who also adopted new language programming.

10. A follow-up packet of information was sent to every participant. The packet included a thank you letter, notice of available tapes; a list of references mentioned; a list of all participants; reprints of some of the references; a summary of the evaluations.

LANGUAGE ACQUISTION PROGRAM FOR THE SEVERELY RETARDED (LAP)

A workshop sponsored by the Southwest Regional
Resource Center in cooperation with the
Hartvigsen School, Granite School District.

THIS WORKSHOP includes the procedures and content of LAP, which is a detailed guide to teaching language to essentially nonverbal, retarded children. Preverbal, verbal-receptive and verbal-expressive tasks are sequenced according to presumed difficulty. Sequence plans are individualized for each child depending on his initial assessment and his subsequent achievements.

THIS WORKSHOP is directed toward two basic groups. The first group will be teachers and language specialists who will be expected to initiate the LAP in their school. This will be a limited group of people. They will be attending Thursday and Friday.

The second group will be involved only in the Thursday afternoon lecture. This session will be for the purpose of obtaining an awareness and understanding of the LAP.

THE WORKSHOP PROGRAM: Those of the first group will be in attendance Thursday and Friday. Participants will observe initial assessment and programming techniques Thursday morning with four different children. Friday morning will be a more in-depth presentation on assessment and programming. On Friday afternoon participants will have a practicum experience under the direction of Dr. Kent and Mrs. Cherritt.

PROGRAM PRESENTERS: Louise Kent, Ph.D., Director of Adjunctive Services and Special Assistant to Superintendent, Coldwater State Home and Training School and Associate Professor in the Psychology Department at Western Michigan University at Kalamazoo, will be the chief presenter.

Dr. Kent will be joined by Jane Cherritt, who has expertise in total communication.

EXPENSES: Participants will have to arrange for their own travel and accomodation expenses. Two motels close to the Hartvigsen School are Alta Motor Lodge, 1899 South State, and World Motor Hotel, 1900 South State.

FOR MORE INFORMATION call Susan Harrison or Merrill Johnson at 581-5591.

THE LINES in the box on the left side of the registration form are for the names of those who will be attending only the Thursday afternoon session.

19:2:B

REGISTRATION: There is no registration fee. However, Dr. Kent's book, Language Acquisition Program for the Severely Retarded, will be available for purchase. The cost is $6.00. Lunch is available at the Rehabilitation Center for $1.25. Send registration form to:

Harrison/Johnson
Hartvigsen School
382 East 3605 South
Salt Lake City, Utah 84115

REGISTRATION FORM

Name ______________________________

Position ______________________________

Type of Children Served ______________________________

____

____

School ______________________________

Address ______________________________

City ______________ State ______________ Zip __________

____

Please Check: I will be able to attend

This session is open to all interested people.	These sessions will be limited to particpants who intend to implement the LAP.
☐ Thursday afternoon	☐ Thursday morning
☐ ______________	☐ Friday morning
______________	☐ Friday afternoon

The Granite School District Rehabilitation Center operates a cafeteria as one of its training programs. In order to accommodate workshop participants, a lunch count is needed. The menu on Thursday will be spaghetti and on Friday, chicken.

Please Check:

I will be eating lunch at the Rehabilitation Center Thursday ☐ and Friday ☐.

WORKSHOP

LANGUAGE ACQUISITION PROGRAM FOR THE SEVERELY RETARDED BY DR. LOUISE KENT

February 20, and 21, 1975

Hartvigsen School, 382 East 3605 South, Salt Lake City, Utah

Thursday, February 20			Friday, February 21	
hour	Event		hour	Event
8:30	Introduction & Orientation		9:00	Program in depth (language or total communication)
8:45	Tea			
	Dr. Kent	Mrs. Cherritt	10:15	Break
9:15	Group A	Group E	10:25	Program in depth (continued)
9:50	Group B	Group F		
10:25	Group C	Group G		
11:00	Group D	Group H		
11:30	Lunch		11:30	Lunch
1:00	Methodology-Brief overview of program		12:30	Practicum (a)
	A. Use of reinforcers B. Ten session rule C. Test-teach D. Prompting system		1:30	Practicum (b)
2:45	Break		2:30	Break
	E. Punishment F. Group Administration G. Learning from mistakes: how to adjust		2:45	Summation/questions/answers
4:00	Close		4:00	Close

X.X.
9/17/57

Child Number XXX-XX-XXXX

Age 18 Special Description

Reception: Naming/Direction/Function---all good

EXPRESSIVE LANGUAGE

None---makes only a grunt

IMITATION

Vocal---produces only grunts

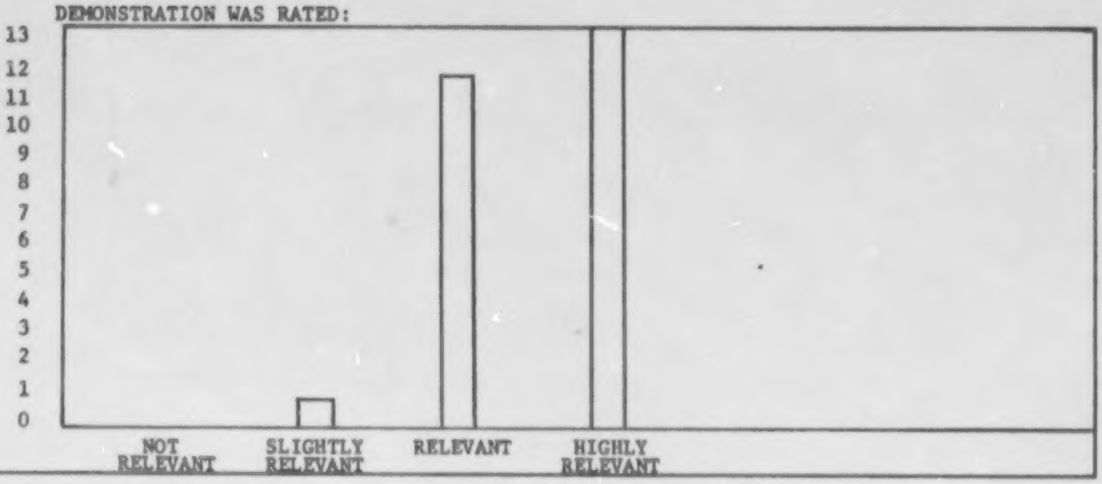
Manual---excellent and creative

(Teacher)

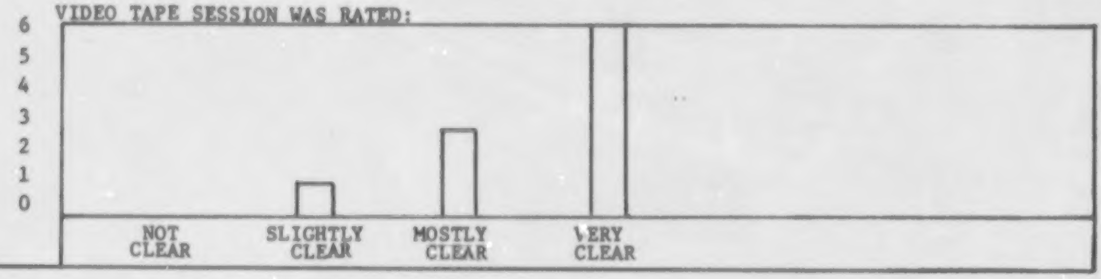
EVALUATION, LAP WORKSHOP

THURSDAY MORNING

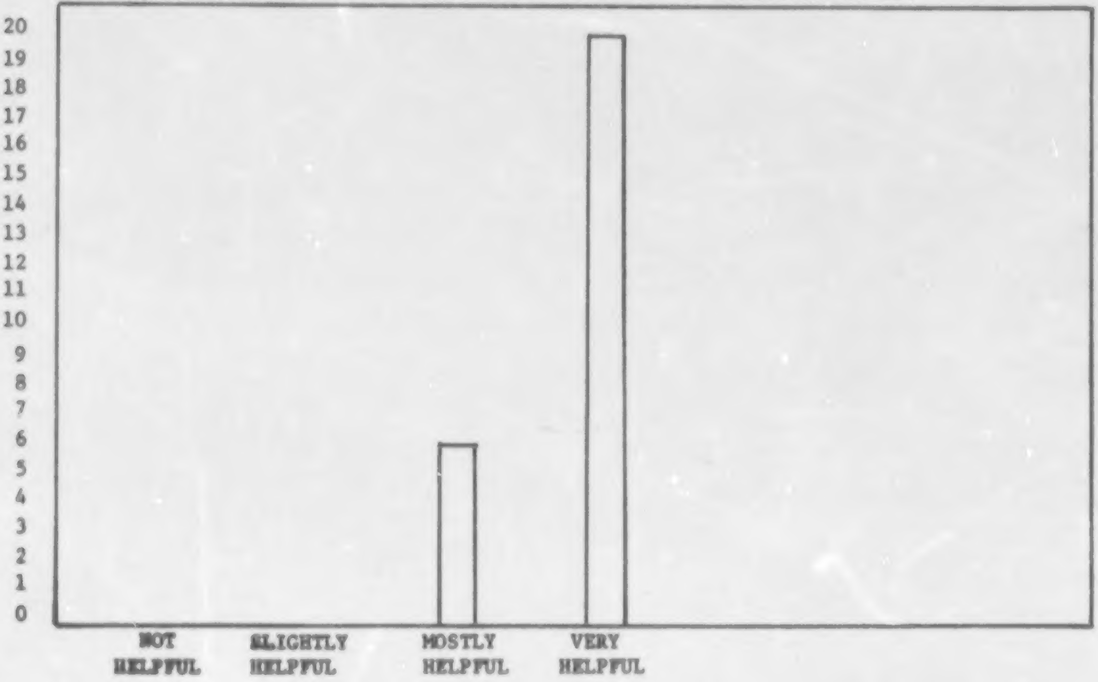
DEMONSTRATION WAS RATED:



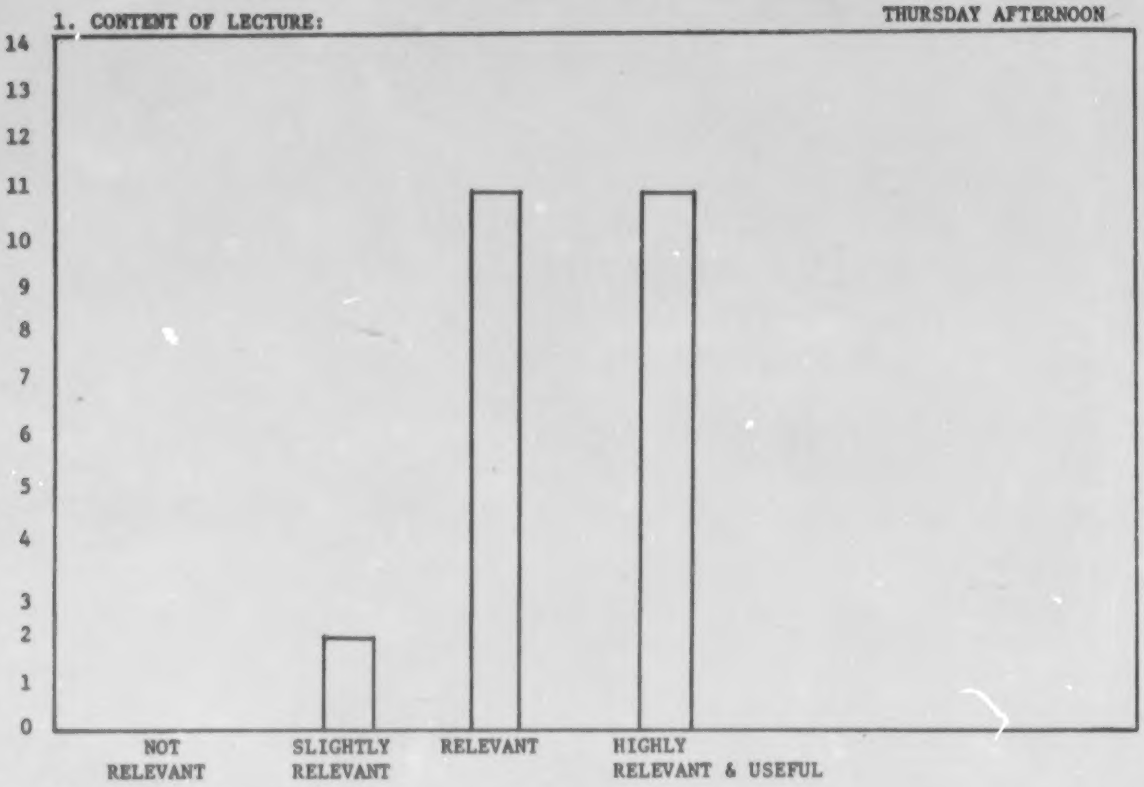
VIDEO TAPE SESSION WAS RATED:



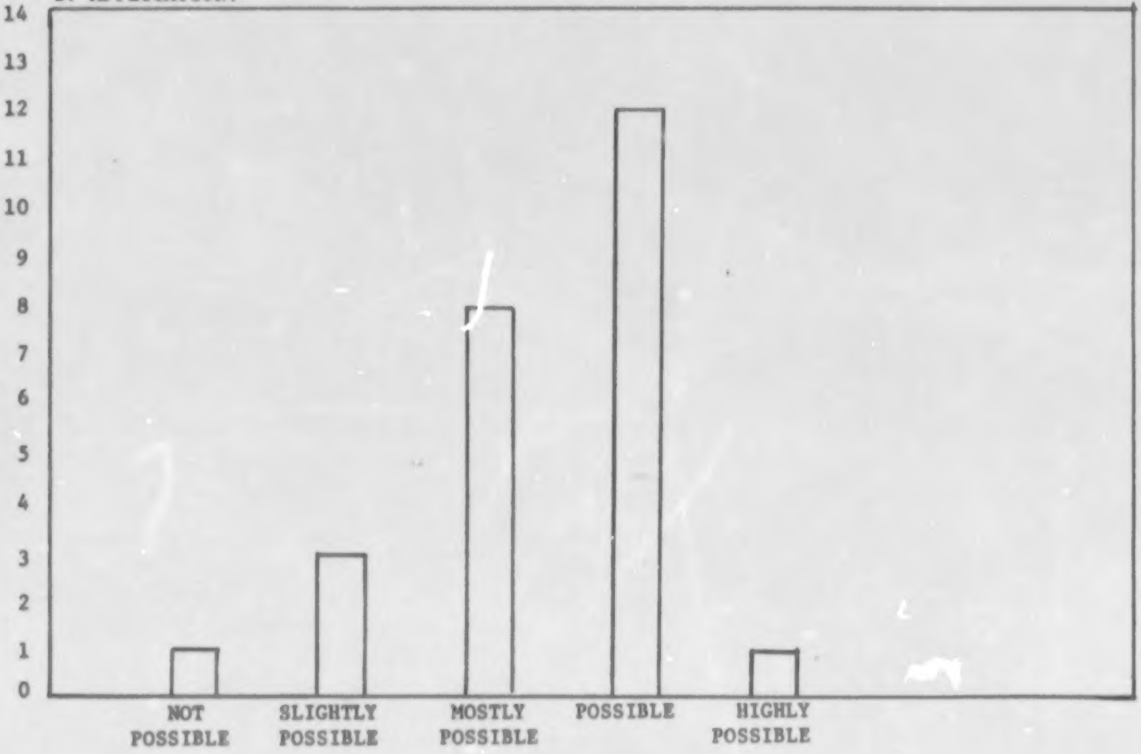
OVERALL, SMALL GROUPINGS & OBSERVATION AS A METHOD OF PRESENTATION IS:



1. CONTENT OF LECTURE:

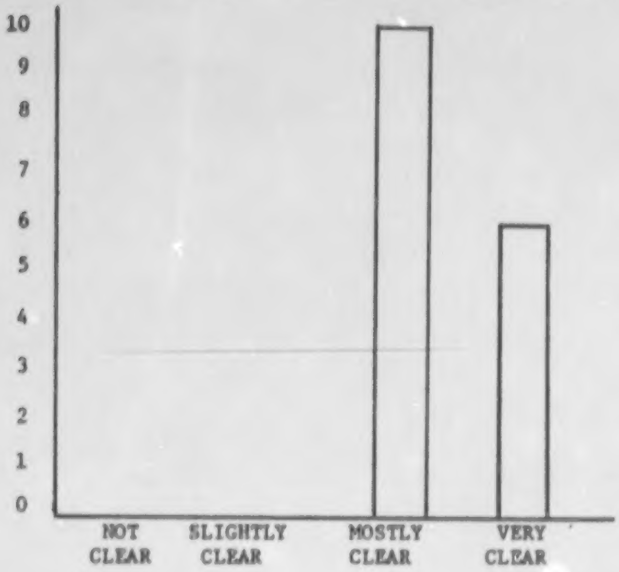


2. APPLICATION:

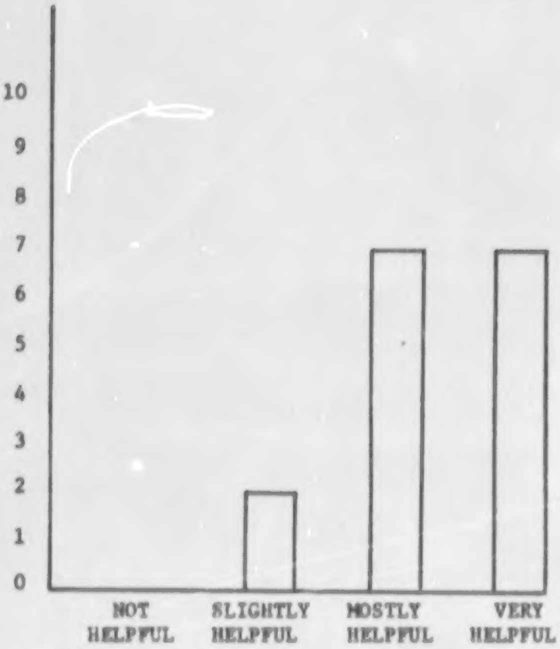


LANGUAGE ACQUISITION PROGRAM (LAP) EXPLANATION: FRIDAY MORNING

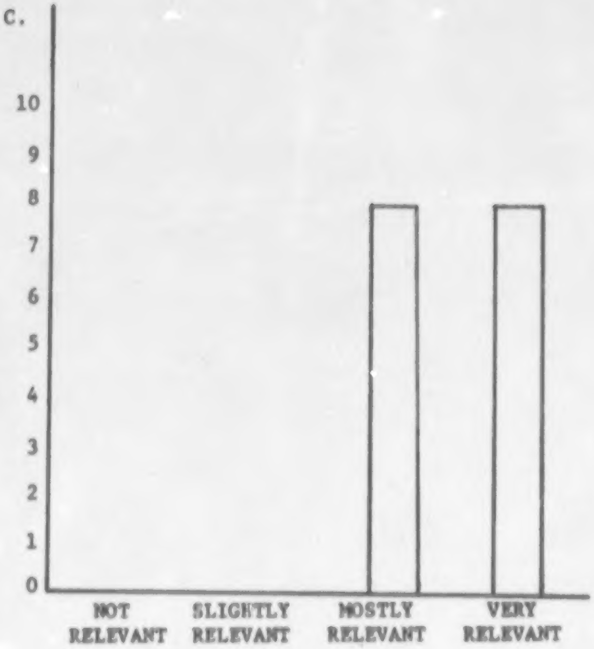
A.



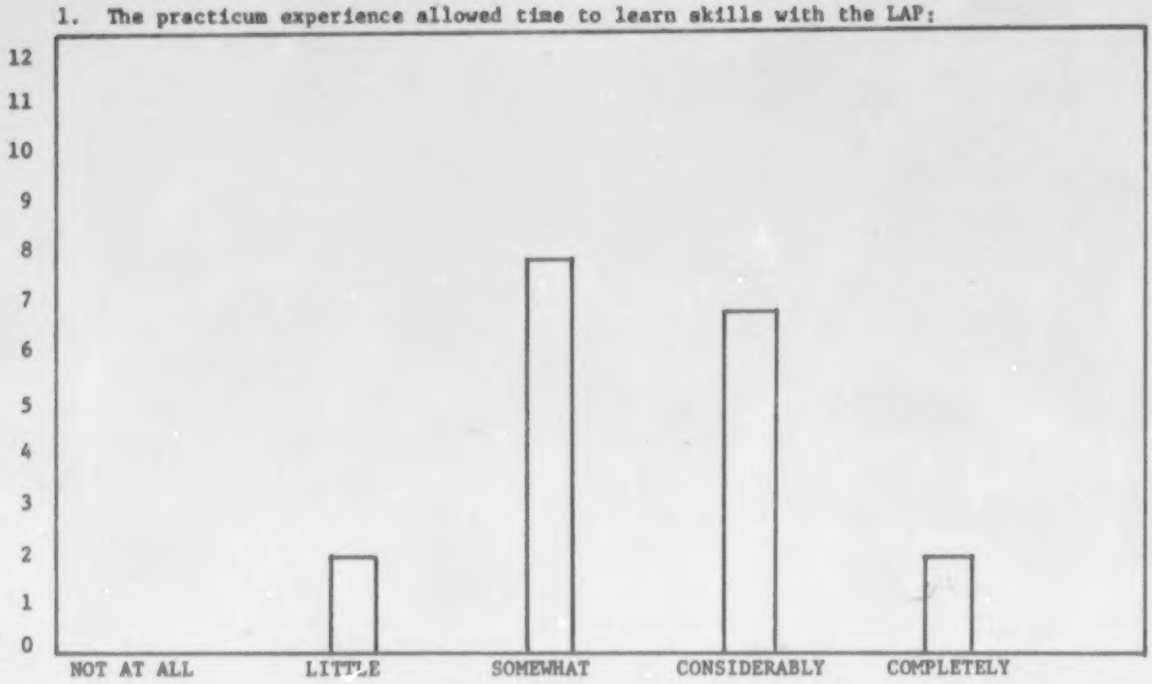
B.



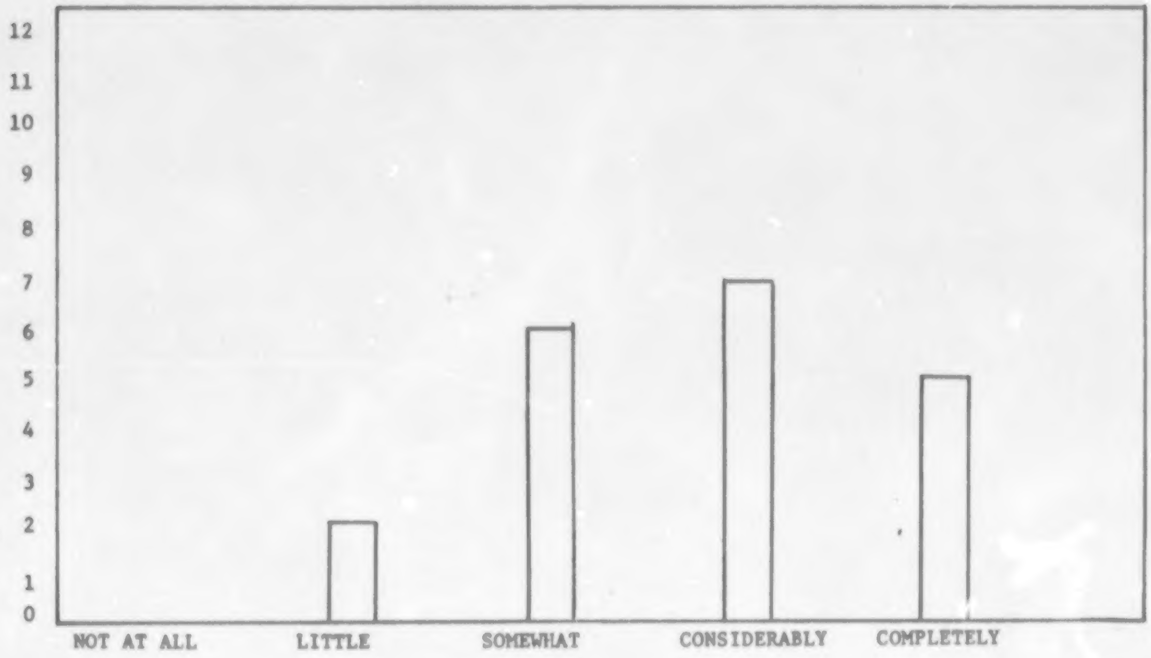
C.



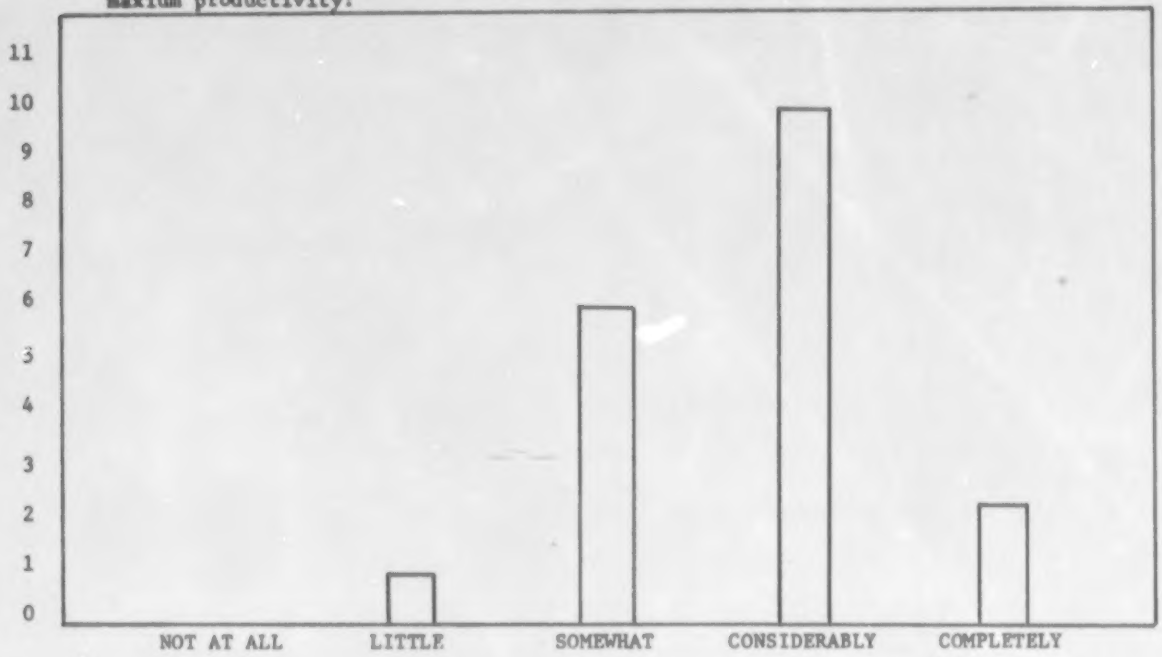
1. The practicum experience allowed time to learn skills with the LAP:



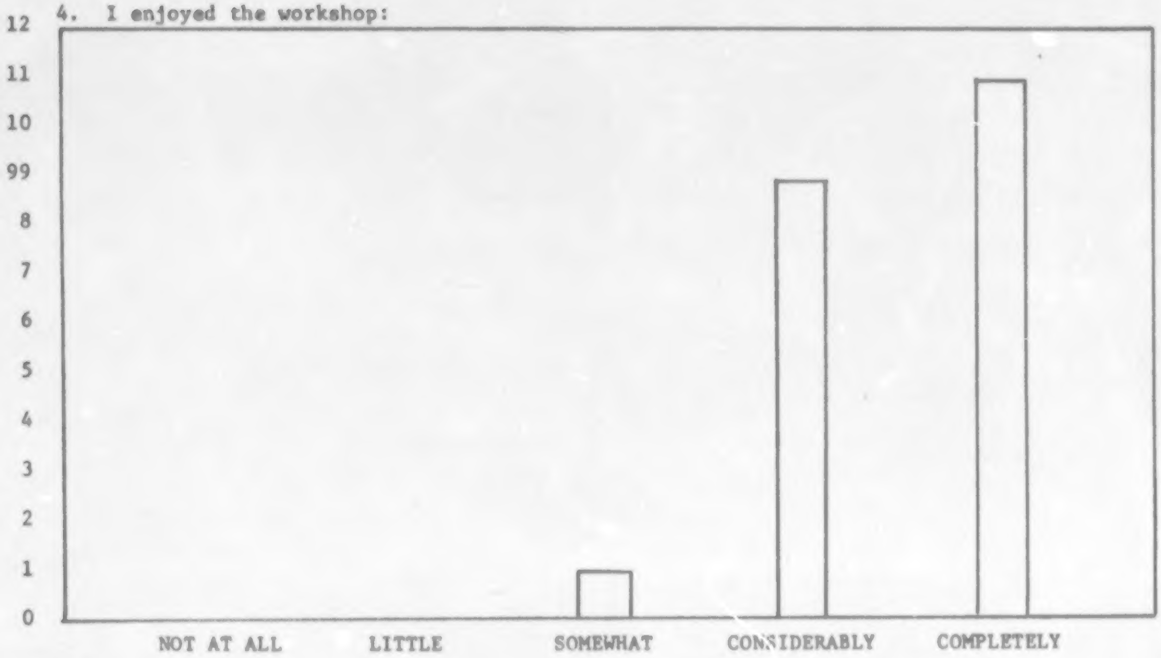
2. This was a useful excercise:



3. The workshop was structured and managed in such a way that allowed for maxium productivity:



4. I enjoyed the workshop:



March 3, 1975

Parents and Friends,

Because of the new Language Programs, with our non-verbal children using sign language, we will be holding a class teaching the American sign language to anyone interested. The class will be held Thursday afternoons at 3:00 p.m. There will be a book involved, The A-B-C's of Manual Communication, the cost is $5.00 for the book - the class is free. Please come and join us starting March 6, 1975.

Thank You,

s/Teacher

BIBLIOGRAPHY

ELEMENT 19: Expansion

Colorado State Board of Education, Improving the competencies of school social workers as they relate to handicapped children. Summary report. Denver: CSBE, 1971.

University of Oregon, Northwest Special Education Learning Resources System. Diagnostic and prescriptive programming for the severely handicapped. Eugene, Ore.: University of Oregon, NSELRS, 1974.

Section III

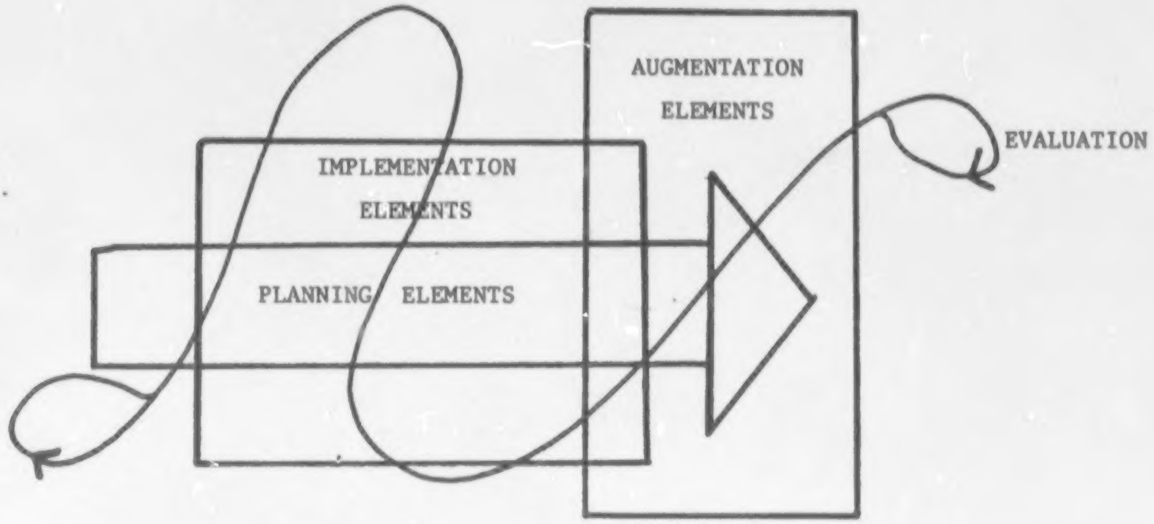
Conclusion

THIS IS
the
WAY

SECTION III

Conclusion

The nineteen elements--from planning through implementation and program expansion--provide the framework for a full range of educational services for the severely and/or the multiply handicapped. Each of the nineteen is interrelated with and dependent upon the other eighteen. The illustration below shows the relationship of the three types of elements.


AUGMENTATION
ELEMENTS
IMPLEMENTATION
ELEMENTS
PLANNING ELEMENTS
EVALUATION

Before the first child is appraised, the resources available to provide a full diagnosis must have been identified or developed. The school staff must know about the options that are available for housing the student in a class, and about the numbers of staff available to teach, aid, or plan the child's program. Transportation options have been identified. Financial resources--through the state's basic funding and through acquisition of supplementary federal or private monies--determine the final parameters, although the careful reader will know that ingenuity and a problem-solving approach may held in developing an optimum program.

The parents should be involved in the process from the preliminary identification of the child to his graduation from the program. The placement, curriculum and methodology should all be determined to some extent by the appraisal. As the child progresses, periodic reappraisals will help the teacher and support staff keep on target in providing the best possible individualized program for the student.

The school staff will keep informed of the identification of handicapped children in the service area who are still too young for school, and the school will be ready to serve these children when they enter. The administrators and staff will be cognizant of the need to push out the boundaries to include both younger and older students. (Often monies for preschool and postschool programs are available for the school that is ready to serve a broader age range.)

Evaluation should run through the entire program; evaluation of individual child progress, of teacher effectiveness, and of overall program growth. When expansion can be undertaken, the planning elements again come to the fore. How many children are in the service area who would be covered by a new preschool program? By an extension in vocational training for older students? What kinds of additional grants, gifts or in-kind support might be obtained? How about a grant for a new bus for students in wheelchairs? Can an agreement be reached with a teacher training institution for more college-student interns? With a medical school for orthopedists? For physical or occupational therapy interns?

Between the time this manual was written and edited for final print, Public Law 94-142 passed both houses of Congress. This law, the Education Act for All Handicapped Children, mandates service initially to all children from 5 to 18; then to all children from 3 to 18. One of the primary components of this law calls for an individual educational program (IEP) for each child with objectives established and at least an annual review of the child's progress. While this manual does not speak to the IEP in the terminology of the law, the steps to provide an IEP for each student are here.

All professionals dealing with handicapped children should become conversant with Public Law 94-142 and with the Buckley-Pell Amendment--also known as the Rights to Privacy Act for Parents and Children. These legal documents outline the procedural safegurards needed to prohibit the violation of the rights of handicapped children and their parents. Noncompliance may lead to legal liability or to loss of federal funds for special education programs. In their enthusiasm to serve, teachers and administrators must not overlook the principles outlined in these pieces of legislation.

This manual was written to present the process steps needed to initiate and implement educational programs for the severely handicapped. It is imperative that such programs be based primarily upon meeting the unique educational needs of the students enrolled--and not primarily to demonstrate innovative teaching techniques nor to satisfy community demands for programs. The latter reasons are legitimate and can be fulfilled through the program. However, it is important that the practitioner be consciously aware at all times that the needs of the students are central. Peripherally, innovative methods may be utilized, the community may be satisfied, and the staff may experience growth and self-enhancement--but only so far as such activities meet the dynamic needs of the students.

Establishing educational programs for the severely handicapped presents challenges not many have faced. By assuring that all program elements are based upon students needs, and that evaluation and reevaluation dictate changes for improving the program, you can establish and maintain an exemplary educational program for severely handicapped children and youth.